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**SOMARC III**  
**Completion Report**  
**October 1, 1992 – September 30, 1998**

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## SOMARC III COMPLETION REPORT

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## **I. Background**

The Social Marketing for Change Project (SOMARC III) completed its six years of operation on September 30, 1998. Funded by USAID, it was managed through a cost-reimbursement contract with the FUTURES Group International. SOMARC applied the traditional tools of commercial marketers to increase the availability and affordability of modern reproductive health products and services in developing countries worldwide, and to promote awareness and demand for these products and services among moderate-to low-income consumers.

Originally designed to operate for five years – from September 30, 1992 through September 29, 1997 – SOMARC was extended for an additional 12 months, through September 30, 1998. This entailed an increase of \$15.3 million in the total estimated core contract ceiling – from \$39.9 million to \$55.3 million – and an increase in the level of effort (LOE) from 1,449 person months to 2,116 person months to cover the extended period.

As of September 30, 1998, SOMARC had expended approximately 94% of its total budget – \$79.1 million of the contract's total obligation of \$84.4 million. The project's allocations and expenditures by source – G/PHN, OYB transfers, and Mission delivery orders – are presented in Appendix B.

This Completion Report covers SOMARC's 72 months of operation, from September 1992 through September 1998. Included in the pages that follow is an overview of the project's evolving programmatic focus during this period, and a summary of the key lessons learned from the successful implementation of planned activities at both the global and country levels.

## **II. Project Objectives**

SOMARC III's purpose was to increase the availability and use of contraceptives among low and middle income groups using commercial marketing techniques, and to establish realistic cost recovery schemes and targets in all sales programs. The intention was to contribute to the project's goals to enhance the freedom of individuals in less developed countries to choose voluntarily the number and spacing of their children, and to encourage a population growth rate consistent with a country's goals for economic and social development.

Realization of SOMARC III's goals depended on its achievement of six key objectives:

1. increase modern-method prevalence rates using commercial channels, with greater emphasis on promotion of long-term methods;
2. design programs to pursue the dual objectives of cost recovery and maximized access. In countries where the achievement of full recovery of all operating

expenses is not realistic, operational efficiencies should be pursued to minimize costs, and maximize access C and D segment consumers to contraceptive methods;

3. maximize the use of alternative sources of commodities, eliminating reliance of USAID-sourced commodities wherever possible; the project's programs should work to increase the involvement of the private sector in the provision of commodities and support for distribution and promotion costs;
4. increase the correct, effective use of contraceptives;
5. develop innovative promotion and advertising techniques;
6. enhance institutionalization of local skills in information/ education/ communication (IEC), strategic marketing, and financial management.

### **III. Project Methodology**

SOMARC III's focus on its objective to expand the range of choices available to low- and middle-income women and their families has been reflected in the evolution of its programmatic activities over the past 17 years. Earlier efforts under SOMARC I and SOMARC II were directed to the promotion of such resupply methods as condoms and, later, oral contraceptives. These products were typically donated when SOMARC began its work, but the project gradually learned to leverage its limited resources to motivate local firms to procure, import, and distribute commercially sourced products.

With SOMARC III's shift in focus to longer-term methods and injectables, the challenge of developing and supporting networks of service providers, and of ensuring appropriate levels of service quality has dominated its programmatic agenda. The project's evolving approach to promoting such services involved it in increasingly complex negotiations that brought together both commercial and not-for-profit partners to provide the project's client populations with information about, and access to high quality contraceptive products and services.

SOMARC III's approach to implementation of its planned activities throughout its 72 months of operation was characterized by:

1. results-oriented programming,
2. innovative commercial sector partnerships, and
3. analysis and dissemination of SOMARC's learnings about social marketing technologies and their contribution to the expansion of family planning services.

## **A. Results-oriented Programming**

At both global and country levels, SOMARC's activities contributed directly to the achievement of USAID's goal to stabilize world population and protect human health in a sustainable fashion. Active in 36 countries in Latin America, Africa, and Asia, SOMARC III assisted programs that, taken together, involved all available modern methods of contraception, and required the creative application of social technologies to promote their voluntary and effective use in a wide range of diverse cultural and economic settings.

The tangible outcome of these efforts over the past six years has been nearly 20 million couple years of protection (CYP). A breakdown of SOMARC III sales and CYP by method since 1992 is provided in Appendix C. Program effectiveness increased steadily in SOMARC III's initial two years of operation. Unfortunately, this progress was interrupted by the negative consequences of managing metered funds in the succeeding two years. This mid-term disruption of the timely launch and expansion of planned activities is readily apparent in the leveling off and decline in sales and CYPs achieved in 1995 and 1996. It was during this period that significant management time at all levels was diverted to the challenge of minimizing the impact of funding shortfalls on program implementation, and on established and emerging relationships with SOMARC's commercial sector partners. Management's effectiveness in meeting this challenge is reflected in the improved sales performance in 1997.

The scale and diversity of SOMARC's worldwide program are reflected in the individual country reports presented in Appendix A. Most country programs focused on the introduction or expansion of long-term methods – typically IUDs and injectables. The specific nature of the support provided varied with local circumstances, but the more common efforts were directed to enhancing the sustainability of local service providers, guiding the development of integrated marketing plans, and assuming a portion of the costs related to promotional efforts directed at influencing the behavior of service providers and their current and potential clients. In a number of countries – e.g. the Central Asian Republics – these programmatic efforts were undertaken within the context of USAID's related efforts to nurture the development of viable market economies.

## **B. Innovative Commercial Partnerships**

The development of innovative commercial partnerships was a central component of SOMARC III's programmatic activities. It is a strategy that offers to USAID the dual benefit of simultaneously addressing the issues of sustainability and efficiency -- both of which are essential for the continued success of its efforts within an environment of limited and even diminishing financial resources.

In Brazil, for example, SOMARC negotiated a mutually advantageous deal with Pharmacia/Upjohn for the commercial introduction of injectables in September 1997. The manufacturer agreed to introduce and distribute the new product at a reduced price

that will remain stable for at least two years, as well as to make a non-commercial version available to government facilities at a deep discount; SOMARC, in return, supported the promotional and communications aspects of the commercial launch. In India, at the time SOMARC III ended, a similar deal was under negotiation with Wyeth in regard to the promotion of oral contraceptives in four northern states. Equally promising were ongoing discussions between SOMARC and these and other manufacturers regarding their interest in forming similar partnerships to develop the commercial markets for long-term contraceptives in other countries. The commercial relationships developed under SOMARC III should serve as a solid basis for continued progress along these lines in the years ahead if appropriately managed by USAID.

### **C. Building Knowledge through Lessons Learned**

SOMARC III represents the culmination of nearly two decades of experience in the development and application of social marketing technologies to promote sustainable and effective family planning services worldwide. The analysis of this experience, and its dissemination among policy makers, managers, and other interested parties within the international business and development communities was a major area of activity at both global and country levels.

One set of activities consisted of a series of discrete studies and technical reviews undertaken to investigate technical and managerial issues related to the design, implementation, efficiency, and effectiveness of organizational and personal strategies that contribute to the increased utilization of modern contraceptive methods. These subjects address a wide range of issues: from what happens to socially marketed products after they are “graduated” as fully commercial and self-sustaining offerings, to approaches that have been used successfully to forge partnerships with commercial sector firms, to examination of the cultural and political context and provider attitudes associated with the successful launch of injectables in several countries.

A second set of activities consisted of the documentation of the contributions of SOMARC I, II, and III to social marketing and family planning over the past two decades. The outcome was a history that tracks and analyzes SOMARC’s approaches over the years to a number of critical issues -- behavior change, the balance of public and private sector roles in providing family planning services, financial and institutional sustainability, and leveraging commercial sector resources for family planning -- and how these evolved in response to changing political and economic developments at the local and global levels. The history – *Building Nations, One Family at a Time: The Story of SOMARC* – is included in this report as Appendix F.

### **IV. Project Contributions: Lessons Learned**

SOMARC III’s lessons learned are intended to contribute to the realization of two key USAID Global/PHN results:

- new and improved technologies and approaches for contraceptive methods and family planning developed, tested, evaluated and disseminated; and,
- improved policy environment and increased global resources for family planning programs.

The subjects of the project's research program ranged from assessments of the performance of SOMARC activities to investigation of methods for improving social marketing practices. Their purpose was to address issues related to the design, implementation, efficiency, and effectiveness of clinical, organizational, and personal strategies that contribute to voluntary reduced fertility. Accordingly, the choice of research topics and the approaches taken in their investigation were driven by the practical information needs of program managers and policy makers in both the public and private sectors.

The research program consisted of *special studies* and *technical reviews* – which were undertaken to investigate issues whose implications range beyond the immediate needs of specific country programs, and whose findings represented a contribution to the current understanding of those issues – and *country program studies*, which were designed and executed to meet the particular information needs of local program managers and policy makers. *Special studies* and *technical reviews* were primarily designed and managed by SOMARC's headquarters technical staff, who also provide technical inputs and backstopping for the *country program studies* that are managed by local project staff.

The findings of these *special studies* and *technical reviews* completed under SOMARC III, are summarized in the lessons learned regarding:

- a. private commercial sector partnerships – manufacturers
- b. private commercial sector partnerships – distributors
- c. sustainable services
- d. service provider networks
- e. contraceptive demand and pricing
- f. market segmentation
- g. contraceptive social marketing – method specific issues
- h. program cost effectiveness

These lessons follow below.

#### **A. Private Commercial Sector Partnerships – Manufacturers**

One of the most significant evolutionary changes in contraceptive social marketing project implementation that has occurred during the past 15 years has been the establishment of partnerships with commercial sector entities to create enhanced markets—through targeted distribution, pricing, advertising and promotion—for contraceptive sales. During the approximately 10-year period between implementation of

the earliest USAID-funded contraceptive marketing projects and the middle of Social Marketing for Change (SOMARC) I, several facts became clear:

- Increasing demand for contraceptive commodities in USAID client countries among both public sector and social marketing sector consumers was substantially increasing USAID's "bill" for contraceptive procurement.
- The task of registering for sale USAID-provided ethical pharmaceutical/contraceptive products with ministerial pharmaceutical regulatory agencies was a cause of significant delays in social marketing project implementation.
- In a growing number of developing countries, oral contraceptives were being sold as over-the-counter products—in practice if not in law—and were becoming more susceptible to consumer-oriented marketing techniques.
- Commercial pharmaceutical companies were becoming increasingly aware, thanks at least in part to their experience in USAID-funded contraceptive social marketing projects, that there was in many developing countries a mass market potential for some of their contraceptive brands.

The recognition of these facts led SOMARC staff and relevant USAID/Office of Population program managers to consider implementing more direct partnerships with commercial entities in contraceptive marketing projects. Partnerships with commercial sector entities were sought to achieve several broad objectives:

1. to eliminate the need for USAID/Washington to purchase contraceptive commodities for use in social marketing projects by using brands already commercially available;
2. to reduce the time required for project development and initiation by using contraceptive brands already registered in the local markets;
3. to increase the resources available for project marketing support activities through commercial partners' investments in their own product sales.

These partnerships have been based on the premise that there is sufficient demand for contraceptives in many countries to make a lower-priced mass market contraceptive brand commercially profitable and that both commercial entities and USAID-funded family planning projects have something to gain not only from increased use and/or sales of contraceptives but also from each other.

SOMARC proved able to interest potential commercial partners in project participation in a variety of countries in ways that contributed to the achievement of the project's objective of making modern contraceptives more widely available and more affordable to middle- and lower-income consumers. Analysis of a range of country experiences has

allowed the development of a set of lessons learned that may serve to improve the efficiency and effectiveness of future collaboration.<sup>1</sup>

Partnerships with commercial sector entities have proved “successful” in a variety of ways. The ways in which each commercial partnership contributed to achievement of the country’s family planning goals and the degree to which each partnership succeeded, however, have varied from marketplace to marketplace. Overall, partnerships with the commercial sector have contributed to USAID’s family planning service delivery objectives in the following areas:

- Reliance on commercially available contraceptive products in many social marketing programs has reduced USAID/Washington’s commodities cost by more than US\$47 million over the last 10 years. (See, the discussion of this result under Section IV, H.2, below.)
- The availability and accessibility of modern contraceptive methods have been increased in many project countries.
- The range of contraceptive methods readily available to consumers has been increased in a number of project markets.
- Reliance on public sector resources for family planning products and services has been decreased in some markets.
- Project activities have encouraged some contraceptive manufacturers to begin to include in their strategies the marketing of contraceptive products positioned to reach lower-priced mass markets rather than higher-priced niche markets alone.

A number of lessons have been learned during the past 15 years that may shed light on the reasons for greater or lesser “success” from one commercial partnership to another or from one marketplace to another and that may be useful in improving and expanding the effectiveness of future commercial sector partnerships. Below, we group these lessons learned into 10 categories.

## **Lessons Learned**

### *1. What’s in it for them?*

- There must be something in project participation that is of appreciable value/advantage to a commercial partner. Where such an advantage is not delivered or is not delivered to the extent desired, commercial partners either drop

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<sup>1</sup> An in depth analysis of the project’s experience in creating and implementing partnerships with commercial sector entities in Brazil, Jamaica, Uganda, Jordan, Turkey and the Central Asian Republics is available in the SOMARC Technical Review, *From Deal to Delivery: Partnerships with the Commercial Sector in Contraceptive Social Marketing* (September 1998).

out of project activities or contribute little if anything beyond their “usual and customary” efforts.

- “What’s in it” for commercial partners is often complex and a combination of factors far beyond simple increases in sales. Social marketers need to understand commercial agendas more thoroughly.

## *2. Importance of Brand to Commercial Partners*

- The importance to a pharmaceutical manufacturer of maintaining or gaining market share leadership for its brands cannot be overestimated. At the local or regional level, companies are often willing to sacrifice some part of their profit margin to maintain or grow market share.
- The overall commercial importance of market share makes brand-specific marketing critically important to contraceptive manufacturers and distributors.
- A contraceptive manufacturer whose brand(s) are already market share leaders in a given marketplace may be more likely to participate in program efforts to “grow the overall market” because their leading brands are most likely to capture the major share of that overall growth.

## *3. Advertising*

- Direct access to the consumer through mass media advertising is often a major selling point for commercial partners’ interest in project participation.
- Generic or method-specific advertising usually implemented by USAID-funded contraceptive marketing projects has increased consumer interest in and demand for family planning services. In some countries, increased consumer demand has led to noticeable increase of supply of such services, especially by private practice physicians.
- Generic or method-specific advertising does not deliver increased brand share. Commercial pharmaceutical partners in social marketing projects are primarily interested in increased brand share for their products.
- The limitations of method-specific advertising in creating increased brand share for a selected product cause a special problem for projects that support contraceptive categories represented by multiple participating brands. Method-specific advertising of oral contraceptives, for example, in many country projects does not work to the brand advantage of any oral contraceptive product because there are many brand choices for the consumer. On the other hand, method-specific advertising of injectable contraceptives, when only Depo-Provera exists in the marketplace, does function to some extent as brand-specific promotion.

- Physicians react negatively in almost every case to the advertising/promotion of pharmacies and pharmacists as sources of family planning information and guidance.
- The cost of mass media advertising is so high in some markets that commercial partners believe they cannot afford to use it even if legal and regulatory constraints on their access to the media are lifted.

#### 4. *Role of Corporate Head Offices*

- Corporate head offices can and sometimes do exert their influence on local country representatives to participate in social marketing projects (e.g., Pharmacia Upjohn).
- A manufacturer's previous experience with a contraceptive social marketing project is often communicated either formally or informally throughout its regional offices and does carry weight that can be either positive or negative in local country representatives' decision-making (e.g., Schering AG).

#### 5. *Place of Contraceptives in the Pharmaceuticals Business*

- Contraceptives do not “drive” the business of many pharmaceutical manufacturers/distributors—especially contraceptive brands that they are willing to sell at mass market prices.
- Product detailing practices, costs of detailing and promotion, and sales commission/bonus patterns do not naturally favor placement of marketing and sales emphasis on lower-profit/lower-turnover products.
- Revenues from sales of contraceptives are seldom reported by retail pharmacists to exceed 3-5 percent of their total income.
- In countries where access to cash and/or hard currency is problematic for importers and retailers, low-demand products—as hormonal contraceptives, for example, are often perceived to be in those countries—are not high-priority investments for the trade.

#### 6. *Mass Market for Contraceptives and Consumer Marketing*

- Commercial partnerships for contraceptive marketing will not replace the need for public sector and donor resources/effort in expanding overall demand for contraceptive services and for serving difficult-to-reach segments of the population.
- Prices of project contraceptive products have often increased when project-supplied funds for marketing support activities have ended. Sales revenues must cover the costs of marketing support.

- The degree to which commercial partnerships for contraceptive marketing have succeeded in creating sufficient “mass” markets for lower-priced contraceptives to sustain continuing, enhanced consumer advertising/promotion, product detailing, public relations activities, etc. beyond project funding periods needs to be further examined and documented.
- The definition of success for a commercial partnership in contraceptive marketing as creation of a commercially sustainable mass market for lower-priced contraceptives may not sufficiently recognize the range of positive impacts on contraceptive availability and use made by such partnerships.

#### *7. Private Providers as Commercial Partners*

- Family planning services delivery is not a big moneymaker for private practice physicians.
- It is difficult to change the service delivery behavior of medical care providers. “One shot” training of physicians and pharmacists does not effectively change provider behavior.
- Private providers in many countries are distrustful of hormonal contraceptives, in general, and do not have current/correct knowledge of contraceptives.
- Private providers often promote those contraceptive methods that they can themselves directly dispense and therefore profit from.

#### *8. Donor/Government Supervision and Support of Commercial Marketing Programs*

- Host government and donor processes sometimes required for approval of project marketing elements can be time-consuming and limit the programmatic flexibility and responsiveness required for effective marketing.
- Approval/non-approval decisions for project advertising or promotional materials made by host government and donor staff are sometimes based on the appeal of these materials to those officials rather than on research results that indicate their effectiveness for target consumers and the trade.
- In some countries, donor-supported economic assistance whose aim is to increase government revenues through new or more complete systems of taxation works against the objectives of concurrent donor-supported health and family planning objectives by increasing the price of contraceptive products to the consumer.

- Unlimited or inefficiently limited access to free public sector contraceptive products in a given marketplace can eliminate commercial partners' interest in marketing a lower-priced product to a lower-income market segment.

#### *9. Legal/Regulatory/Policy Issues*

- Limitations on the degree of success of a given commercial partnership are often caused by constraints—such as government price controls, restrictions on pharmaceutical brand advertising, and value added taxes—in the legal/regulatory environment for pharmaceuticals.
- Increased accessibility of contraceptives in the commercial sector does not often enjoy sufficient financial and/or policy leverage to facilitate change in the legal and regulatory environment that affects the pharmaceutical sector as a whole.

#### *10. Uniqueness of Markets and Replication of Successes*

- Each commercial marketplace is different, and the goals/needs of potential commercial partners vary from market to market.
- The processes of project assessment and marketing planning can be replicated from one marketplace to another but not the specifics of project implementation.

### **B. Private Commercial Sector Partnerships – Distributors**

Engaging commercial distribution partners to distribute contraceptive products for a social marketing program is difficult because they are low-profit products and they are marketed to low-income consumers at reduced prices. The level of SOMARC's integration in the distribution chain and the type of technical assistance it offers to commercial partners vary according to whether the market is subsidized, transitional or commercial. The sophistication and skill level of partners also vary by market type.

These challenges make it imperative for the project to understand commercial networks and to create enticements for commercial distributors to incorporate these contraceptive products into their commercial product lines. Accordingly, SOMARC III systematically reviewed its experience working with commercial distributors to gain an improved understanding of how to cultivate distribution relationships that will advance the commercial sustainability of social marketing contraceptive products.

The three main lessons learned from the project's analysis of its partnerships with commercial distributors are that:

1. leveraging investment from commercial partners requires building relationships;
2. the nature of relationships and the needs of distribution partners vary by stage of market development; and

3. knowing what partners need will strengthen negotiations for cost sharing.

## Lessons Learned

1. ***Leveraging investment from commercial partners requires building relationships.*** In order to build quality relationships, it is important to become more familiar with the internal and external business environments of partners. Many partners are at different stages of corporate development, and have various product lines, geographic coverage and relationships with wholesalers and retailers. They have different expansion and strategic plans and varying levels of competition. Much of understanding their businesses requires extending knowledge beyond merely contraceptives. Efforts at achieving a better understanding can include country assessments of the entire distribution system, and interviews with major commercial distributors, government agencies, NGOs and other non-traditional distributors, manufacturers, local reps, wholesalers and retailers. Frequent and clear communication focused on program goals, strategies, work plans and measurable indicators will help maintain and nurture the relationships.
2. ***The nature of relationships and the needs of distributors vary in the different stages of market development.*** For example, in many subsidized markets SOMARC has direct relationships with commercial partners and independently has direct relationships with NGOs. In this study, none of the subsidized market commercial executives interviewed had any relationships with NGOs, with indications that NGOs did not have the financial backing to be seriously integrated in the distribution network. On the other hand, in some commercial markets SOMARC has brokered the relationship between commercial partners and NGOs such that a direct relationship between the two now exists. The lessons learned from this achievement suggest that there are both opportunities to expand the role of NGOs and to educate commercial partners to their value.
3. ***Knowing what partners need will enable SOMARC to implement negotiations that ask for cost sharing or some other type of investment from partners.*** The incremental goals of sustainability can also be relevant to the business objectives of partners. For example, SOMARC has the potential to work more closely with commercial partners by designing, analyzing and applying market research to commercial marketing decisions. Many executives are interested in brand studies, market share studies and retail audits. One commercial market partner indicated that they were in dire need of a geographic information system (GIS) that would allow them to save time and costs by geographically targeting doctors and pharmacies. Additionally, when SOMARC assistance (e.g., quality customer service training or GIS design) is applicable to more than just the contraceptive product line, more opportunity to “hook” the commercial partner exists. Regardless of the type of assistance that SOMARC determines is most relevant, negotiations should encourage the partner to invest in the relationship.

### C. Sustainable Services

SOMARC routinely directed its efforts to support the development of sustainable family planning services wherever this was an appropriate strategic goal. Beginning in the early 1980s, the U.S. Agency for International Development (USAID) began exploring opportunities to shift the responsibility of contraceptive promotion and distribution in developing countries to the private sector through the several Social Marketing for Change (SOMARC) projects.

A key objective of SOMARC III country programs has been to introduce contraceptive products into the commercial market that are affordable to low- and middle-income consumers. In each country, SOMARC worked with a local private sector or NGO partner that is expected to take over the marketing and selling of the product(s) after USAID support is withdrawn. During the life of the project, this partner was supported through technical assistance and training to facilitate this transition. Over time, USAID financial and technical support was decreased. After the product became profitable, it was “graduated” and shifted entirely to the local partner.

Under the SOMARC II and III projects, 21 contraceptive products in 11 countries graduated from USAID support between 1990 and 1996.

Year of Graduation from SOMARC	Product Name and Type	Country
1990	Microgynon orals Dualima condoms Blue Circle products	Dominican Republic Indonesia Indonesia
1991	Protektor condoms	Mexico
1992	Panther condoms Lo-Rondal orals	Barbados Dominican Republic
1993	Protex condoms O.K. condoms Protector condoms	Morocco Turkey Zimbabwe
1994	Protector condoms Microgynon orals Triquilar orals Lo-Ovral orals Ginera orals Desolett orals	Papua New Guinea Turkey Turkey Turkey Turkey Turkey
1995	Microgynon orals Minidril orals Minigynon orals	Morocco Morocco Haiti
1996	Piel condoms Panther condoms Perle orals	Peru Jamaica Jamaica

SOMARC III undertook a systematic review of the experience of the commercial market in several countries during the first few years following the graduation of a USAID-supported socially marketed condom.<sup>2</sup> The purpose of the review was to answer two important questions:

- What happens to socially marketed products after graduation?
- What happens to a developing country's overall contraceptive market after donor assistance is withdrawn?

These questions were examined from two perspectives, exploring both the marketing actions taken and the impact of those actions on the commercial market for these products.

### **Lessons Learned**

The analysis of SOMARC's graduated products demonstrated that social marketing activities improve levels of knowledge, awareness and use of the method in the intended group of consumers. It also provides important insight into how products and the market behave after donor support is withdrawn.

- The socially marketed brand stays viable and continues to be marketed after assistance is phased out. Most companies will continue to invest in advertising and promotion for the product, albeit at a lower, more sustainable level.
- The total commercial market for the product grows *and* diversifies both during and after SOMARC involvement. Regardless of whether the socially marketed brand's share increases, stabilizes or declines, the market will continue to strengthen and remain active.
- Class C and D consumers continue to be served, either by the graduated product, which often maintains or lowers its real price; by the entry of new, low-priced brands; or sometimes by other, higher-priced brands when consumers become less sensitive to price.

### **D. Service Provider Networks**

SOMARC III's approach to private sector family planning/reproductive health services marketing focused on encouraging health providers to offer a wide range of family planning and reproductive health services in their private practices, thereby expanding their client base and increasing their service volume. Among commercial providers, SOMARC technical assistance focuses on promoting

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<sup>2</sup> The analysis of the project's experience with graduated products focused on five countries – Morocco, Turkey, Barbados, Mexico, and Zimbabwe. The discussion and detailed findings are available in the SOMARC Special Study, *The Transition to the Commercial Sector: What Happens to Socially Marketed Products after Graduating from USAID Support?* (August 1997).

family planning services. In the NGO sector, SOMARC technical assistance focused on encouraging family planning associations to promote other reproductive and/or child health services.

SOMARC III reviewed its experience working with private providers in several different country settings in order to better understand their potential role in the development of private networks through which lower income women could access affordable contraceptive services.<sup>3</sup> Despite differences in country and services settings, the lessons learned are remarkably consistent with one another, and can be summarized in the main points below:

### **Lessons Learned**

- Traditional advertising-based outreach promotion has little direct impact on client volume, referrals, or types of services provided.
- Increasing client interest in or awareness of the availability of family planning services, without changing provider behavior, does not necessarily translate into increasing family planning services delivery.
- Changing provider behavior by applying explicit, standardized screening tools or focused inreach promotion can increase service volume.
- Providers are typically seen as a target for technical training, mainly for the purpose of quality assurance, but they also need to be appreciated as a critical element in a marketing mix to attract and hold clients, and to increase those clients' utilization of available services.
- Services marketing is an effective and viable way to increase commercial and not-for-profit involvement in family planning and reproductive health, but to reap the benefits of this approach, providers and their staffs need assistance in changing their own behavior to become more proactive with their clients.

### **E. Contraceptive Demand and Pricing**

Setting prices is a key decision for any social marketing program. Unlike commercial organizations, which strive to maximize profits, increase market share, or discourage competition, social marketing focuses on affordability, sustainability, and coverage. The challenge for social marketing is to set prices low enough to be affordable to lower income clients who might otherwise go to more highly-subsidized outlets, and yet high enough to avoid cannibalizing the fully commercial brands. Consequently, there is usually no one-best or optimal price for a social marketing program to charge.

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<sup>3</sup> The detailed analysis of this experience in three settings – independent commercial health care providers in Istanbul, Turkey, a health maintenance organization in Salvador, Brazil, and an NGO family planning association in Lima, Peru – is available in the SOMARC Technical Review, *The Role of the Provider in Family Planning & Reproductive Health Services Marketing* (September 1998).

How can we know what consumers' purchase behavior will be at different price levels? Programs could raise prices and measure sales, continuing to raise prices until demand falls to unacceptable levels or total revenues begin to decline and then retreat to a lower price level. For obvious reasons, most program managers would be reluctant to experiment with their client base and revenues this way. An alternative approach is to ask people how much they would be willing to pay for a product or service.

SOMARC III explored the use of willingness to pay surveys to inform decisions to raise prices for existing products and services and to set prices for new products.<sup>4</sup> The results of the three country applications demonstrated the feasibility and utility of WTP surveys as a tool for price-setting decisions, and yielded methodological insights on questionnaire construction and data analysis.

### **Lessons Learned**

- Even in areas of low prevalence and low literacy, current users of different contraceptive methods can understand and respond coherently to questions about what they might do under different hypothetical conditions. Similarly, non-users of the method in question are able to answer WTP questions.
- The recommended prices derived from the direct estimation of willingness to pay fall within commonly-used criteria of ability to pay (expressed as a percentage of household income) and are consistent with respondents' reported expenditures on preventive health care.
- It is important to determine the maximum price range of interest and pretest the questionnaire beforehand.
- It is easier to compute the demand curve directly than with multiple regression. Indeed, the direct estimation procedures are simple enough for most in-country program analysts to use. Although direct estimation suggested that clients are less willing to pay higher prices than the imputed estimates suggest, a social marketing program manager would probably prefer to err on the side of charging too little than on the side of charging too much.
- An experimental validation of three price increases was consistent with the prediction of decreasing demand with increasing prices. However, these results should not be taken as conclusive validation of the WTP methodology. Further replication with larger numbers of cases would be useful.

### **F. Market Segmentation**

Market segmentation can be an effective way to increase product use and sales. By tailoring the product and its positioning to the needs and preferences of different market

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<sup>4</sup> A detailed discussion and analysis of this issue is available in the SOMARC Special Study by Karen Foreit, *Using Simple Survey Techniques to Set Prices for Social Marketing Products* (September 1998).

segments, more people are likely to become interested in and eventually use the product. There are several ways to partition markets into groups of potential customers with shared needs and characteristics. These include geographic, demographic, socio-economic, behavioral and psychographic segmentation.

Little is known to date about the potential of psychographics to help market products and services in the developing world. SOMARC III undertook a multi-country study to explore the extent to which psychographic segmentation could aid the development of communication strategies to “pull in” non-users of contraception and reproductive health services. Specifically, the intention was to segment non-users of condoms by their psychographic characteristics in order to identify priority target groups for project marketing interventions.<sup>5</sup>

The project followed a four-step analytic plan to conduct the psychographic market segmentation analyses in Mali and Ghana:

- a) **a descriptive analysis** that provides an overview of the socio-demographic characteristics of the condom market (current condom users and non-users, who are not using any method to avoid or delay having a child).
- b) **a factor analysis** based on over 150 likert-type statements that measure attitudes, opinions, values and behaviors on a variety of lifestyle issues in order to identify underlying lifestyle themes or factor dimensions in the population.
- c) **a cluster analysis** to divide the non-users of condoms into homogeneous sub-groups based on their similar life aspirations and attitudes about health, gender, family, money, society, sex, AIDS, family planning and condoms.
- d) **psychographic profiling of non-user sub-groups** is further developed to identify potential condom users.

This analysis yielded clearly distinguishable sub-groups of non-users – six in Ghana, and three in Mali – for which specific interventions could be recommended. SOMARC III’s completion prevented follow-up and implementation of these recommendations.

### **Lesson Learned**

- With its emphasis on clustering consumers according to their lifestyles, attitudes, personalities, interests and opinions, psychographic segmentation has the potential to be a useful tool for product positioning.

### **G. Training**

The overall goal of SOMARC III training activities was to improve private sector capacity to deliver quality family planning services. Particular attention was given to

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<sup>5</sup> A detailed discussion and analysis of the project’s application of a psychographic segmentation approach in Ghana and Mali is available in the SOMARC Special Study, *Targeting Potential Condom Consumers in Africa with Psychographic Segmentation* (September 1998).

improving the quality and sustainability of SOMARC country programs and supporting the expanded use of long-term methods and of services "branding." The project's specific training objectives were to:

- transfer and strengthen knowledge and operational skills in contraceptive technology, strategic marketing, market research, financial management, integrated marketing communication, and health services marketing;
- support SOMARC marketing plans for contraceptive products and services;
- create a cadre of in-country trainers to conduct training activities;
- select in-country management organizations to manage and supervise training activities; and,
- evaluate the delivery and quality of training activities.

To accomplish these objectives, SOMARC III developed and implemented a comprehensive program of regional- and country-level training activities beginning in November 1992. These activities were implemented in 22 countries in six regions. More specifically, these were:

6 Regions: Asia, Mideast, Central Asia Republics, Anglophone Africa, Francophone Africa, and Latin America/Caribbean

22 Countries: Philippines, Nepal, Indonesia, Jordan, Turkey, Kazakhstan, Uzbekistan, Kyrgyzstan, Uganda, Swaziland, Senegal, Togo, Mali, Niger, Morocco, Haiti, Jamaica, Guatemala, Honduras, Ecuador, El Salvador, and Mexico.

The training participants included: trainers, physicians, pharmacists, media personnel, program managers, nurses and nurses aides, truck drivers, commercial sex workers, marketing research personnel, midwives, CBD workers, pharmacist assistants and clerks, and distributors and depot managers.

Training topics included:

- Contraceptive Methods
  - technology and safety (CT)
  - quality customer service (QCS)
- Orientation Seminar on Social Marketing and Reproductive health Products and Services
- Strategic Marketing Planning
- Market Research and Utilization of Research Data for Decision Makers and Management
- Service Marketing
- Financial Management and Cost Recovery
- Sales Training

- Media and Public Relations

This extensive training effort on the part of SOMARC III and its in-country collaborators enhanced the quality of care, expanded family planning programs, and furthered program sustainability. SOMARC training activities combined with additional marketing aspects – advertising, market research, and promotional activities – promoted an increase in skilled private sector manpower. In addition, they led to an emphasis on quality in-country reproductive health services, as well as an increase in technical cooperation among regions. High priority was given to capacity building, which in turn led to the strengthening of in-country institutions.

## **H. Contraceptive Social Marketing – Method Specific Issues**

Communications and public relations campaigns have been highly successful at increasing knowledge about the benefits and availability of affordable reproductive health services. This knowledge, however, does not automatically translate to increased use of services.

SOMARC III, as part of its global research program, reviewed its experience in marketing contraceptive products and services in order to identify interventions that have been successful at moving consumers from knowledge to motivation to sustained use of reproductive health services. This review of experience had three objectives:

1. to outline the marketing process that SOMARC III used to move consumers from knowledge to use in different geographic, regional, and programmatic settings;
2. to document the results of that process; and
3. to highlight key lessons learned about marketing products and services over the project's six years of operation.

In addition, because the benefits sought and realized by men and women can differ by the contraceptive method used, the project analyzed its experience with the specific methods and services it was marketing. These methods included: vaginal foaming tablets, vasectomy services, hormonals, and condoms.

### **1. Vaginal Foaming Tablets**

Vaginal foaming tablets (VFTs) have enjoyed an extraordinary and unique success in Ghana, where they have been sold since 1987 as part of its contraceptive marketing program. In 1988, one percent of married women in Ghana used VFTs as a contraceptive. Because of the low contraceptive prevalence rate (CPR) at that time, this figure means that VFTs accounted for 20 percent of all modern contraceptive use by married women. Since 1990, VFTs have accounted for an average of 22 percent of couple years of protection (CYPs) distributed by the Ghana Social Marketing Foundation (GSMF), the principal partner of the Social Marketing for Change (SOMARC) project in Ghana.

There are many advantages to VFTs: ease of use; no prescription necessary; freedom from systemic side effects; can be used intermittently, as needed; helps protect against sexually transmitted infections (STIs), possibly including HIV/AIDS; is female-controlled; and serves as a lubricant. In addition to these benefits, certain cultural characteristics of Ghana may increase the perceived benefits of VFTs. For example, VFTs can be used during lactation, which is a distinct advantage in Ghana given that breastfeeding is quite prevalent. Although the low efficacy of this method should be a major concern, the perceived benefits appear to outweigh this cost for users at this time.

The Kamal VFT, which is marketed by GSMF, is priced very competitively. The current price for a package of 12 tablets is 400 cedis, while the retail price for the major competitor, Neosampoon, is 1000 cedis for 20 tablets, on average. The Kamal VFT is also competitively priced in comparison with other contraceptive method choices.

Currently in Ghana, almost all VFTs sold by GSMF are sold through pharmacies and chemist shops, all of which are commercial outlets. Pharmacies are concentrated mainly in urban areas, and pharmacists are trained to dispense contraceptives and advise potential users. Chemist shops are important particularly in rural areas, where hospitals, clinics, pharmacies or family planning centers are not available. GSMF has been very successful in persuading consumers to utilize the commercial marketing outlets; between 1993 and 1995, the percentage of customers using commercial outlets to buy VFTs, condoms or pills rose from 50 percent to 72 percent of users.

A very small fraction of VFTs from GSMF are distributed by the Ghana Registered Midwives Association. Between 1990 and 1992, another innovative distribution outlet accounted for as much as 40 percent of VFT sales for GSMF—the market women program. Under this program, stalls in various market centers were staffed by women selling VFTs and condoms on a consignment basis.

GSMF has been extremely active in advertising VFTs, and is the only organization that advertises VFTs to any degree. Promotional interventions include advertising, public relations activities, point-of-sale materials, contests and coupons. Both urban and rural areas are covered, although more advertising takes place in urban areas.

In implementing the VFT program in Ghana, GSMF and SOMARC have learned several valuable lessons.<sup>6</sup>

### Lessons Learned

- *In countries where modern contraceptive prevalence is low, VFTs may serve as a hook into modern contraceptive use.* In a country where the modern contraceptive prevalence rate is very low, as in Ghana, a method such as the VFT can attract first-

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<sup>6</sup> A more detailed discussion of this experience is available in the SOMARC Technical Review, *Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Vaginal Foaming Tablets in Ghana* (September 1998).

time users who are concerned about possible side effects of other, more effective methods.

- *Broadening the method mix by allowing VFTs as a choice, along with continued support by the government, contributes to its success.* Many governments are not interested in pursuing the VFT as one of the methods to be offered in the set of contraceptive choices, primarily due to its relatively high failure rate. One of the possible reasons for the success of VFTs in Ghana is simply that the government allowed and supported the tablet as a contraceptive method.
- *The gap between awareness and use in Ghana does not appear to be due to price issues.* Ghanaian consumers are willing to pay current prices for their contraceptives, including VFTs. The gap between knowledge and use of contraceptives in Ghana is well-documented. However, in none of the surveys was cost given as the reason for not using a contraceptive or for discontinuation of use.
- *The advantages of VFTs may outweigh their main disadvantage (low efficacy) in countries with low modern contraceptive prevalence and high levels of distrust of modern methods.* In addition to its general effect in increasing the number of contraceptive choices, it may be that it is important to offer VFTs in particular as one of the contraceptive choices. As discussed above, there are certain advantages to using VFTs in general, and in Ghana in particular. VFTs can be used during lactation (breastfeeding is widespread in Ghana) and can serve as an alternative family planning method for the many Ghanaian women who are concerned about negative side effects associated with hormonal methods.

## 2. Vasectomy Services

In 1994, the Personal Choice Programme was established to assist Jamaica's National Family Planning Board (NFPB) in achieving its goal of switching to private sources of contraceptive supply. The program, implemented by the Social Marketing for Change (SOMARC) project, offers two low-dose oral contraceptives, an injectable, two brands of condoms, and vasectomies. The strategy behind including vasectomies in the program was to include a long-term method, given that long-term methods are appropriate for some Jamaican couples and that donor support for contraceptive commodities was being phased out.

The marketing of long-term methods in Jamaica has proven quite challenging. Concerns exist about the safety of these methods, both by users and providers; there is a lack of access to long-term methods, partially related to a lack of provider training; there is weak patient counseling about these methods; and there are cultural factors such as unstable unions and concerns about male virility. There is, in particular, a huge bias against vasectomies in Jamaica as a permanent contraceptive method.

In response to these challenges, SOMARC developed a comprehensive social marketing program to promote the no-scalpel vasectomy (NSV), a relatively simple procedure that

does not involve surgery and has a higher efficacy rate than the tubal ligation. As part of the program, SOMARC has facilitated training for clinicians (mostly in urban areas) interested in offering the NSV to their clients. For consumers who have completed childbearing, the advantages of the procedure, in addition to high efficacy, are convenience, lack of long-term complications and relative cost-effectiveness. The disadvantages include the lack of reversibility and the fact that, as a method, it does not protect against sexually transmitted infections, including HIV/AIDS transmission.

Establishing an “affordable” price has been essential in expanding use of NSV. Under the Personal Choice Programme, SOMARC established a target range of JA\$3,000-JA\$5,000 for NSV procedures offered by affiliated providers. The lower-end price of JA\$3,000 translates to a monthly cost of JA\$25, which is well under 2 percent of the monthly minimum government wage. The higher price of JA\$5,000 is still far below the fully commercial price of approximately JA\$30,000. Credit constraints experienced by consumers may have more of an effect for vasectomies, since it must be paid for in full at the time of the procedure. The tubal ligation is generally less expensive than the NSV in Jamaica, which is in stark contrast to the price relationship in the United States, where vasectomies are usually one-quarter the price of tubal ligations. Clearly, incorrect price signals are being sent.

Promotion has been another important part of the NSV program, although the advertising budget for this method has been limited (approximately 10 percent of the initial Personal Choice advertising budget was spent on vasectomies; the percentage is now about 20 percent). Early public relations activities included talk shows and radio call-in programs, where participants were men who had undergone the NSV procedure. Training was provided for speakers in a “Speakers’ Bureau,” used to address the media and small groups. Other public relations activities included buying into a locally produced television soap opera, one of two on the island. SOMARC also used non-paid media, such as coverage by newspapers, magazines, and radio and television programs, to provide general information about NSV.

During the course of the NSV program, SOMARC learned valuable lessons about marketing vasectomy services.<sup>7</sup>

### Lessons Learned

- *Biases against vasectomy within the local government can substantially slow the progress of vasectomy promotion and acceptance.* The Jamaican Ministry of Health delayed the launch of the NSV portion of the Personal Choice Programme, and the NFPB further hindered its operation because of initial distrust of and biases against the vasectomy procedure.

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<sup>7</sup> A more detailed discussion of this experience is available in the SOMARC Technical Review, *Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Vasectomy Services in Jamaica* (September 1998).

- *Male-only clinics or male-only hours at clinics are necessary.* Research and field experiences suggest that an all-male atmosphere is important when trying to reach male clients. Even male-only hours at clinics would be a positive step to encourage vasectomy procedures.
- *The price needs to be appropriate relative to other contraceptive alternatives.* In clinics affiliated with the International Planned Parenthood Federation, the price of the socially marketed NSV is twice as expensive as a tubal ligation. As mentioned above, in the United States a vasectomy is one-quarter the price of a tubal ligation. Thus, the relative price of a vasectomy to a tubal ligation in Jamaica is eight times higher than in the United States, even though the NSV procedure is simpler than the tubal ligation operation.
- *Mass media promotion is not enough; one-to-one counseling is crucial.* Mass media activity is not sufficient to motivate men to have a permanent and sensitive procedure like a vasectomy. SOMARC has involved men who have undergone the NSV procedure in its media campaigns to make mass media messages personal and meaningful to the target audience. While these campaigns were successful at raising awareness of vasectomies as a viable contraceptive option, they did not translate to increased use of vasectomy services. Current research suggests that face-to-face communication with men satisfied with the NSV procedure is likely to be more effective at moving a potential candidate from awareness to use.

### 3. Hormonal Contraceptives

The Social Marketing for Change (SOMARC) project has worked in a wide range of developing countries not only to improve awareness of oral and injectable contraceptives, but more importantly to translate awareness into increased use. In conducting consumer research, SOMARC has identified several consumer concerns that can serve as barriers to trial and continued use of hormonal methods. These include: 1) the possibility of side effects and/or health effects; 2) access, both physical and financial availability; and 3) lack of knowledge about effectiveness, compliance and how the method works.

To address these concerns, SOMARC has applied a variety of communication techniques, ranging from large-scale mass media advertising to smaller-scale interpersonal counseling, and has adapted these techniques to the specific needs and capabilities of each country. In doing so, the project gained considerable experience in using various communication approaches to overcome consumer concerns about hormonals, and understanding of the extent to which removing these concerns actually moves women from awareness to use.

The key lessons SOMARC III learned about marketing hormonal contraceptives follow below:<sup>8</sup>

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<sup>8</sup> A more detailed discussion of this experience is available in the SOMARC Technical Review, *Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Hormonal Contraceptives* (September 1998). The review highlights project experiences in Kazakhstan, Turkey, and Uganda.

## Lessons Learned

- Mass media messages can be highly effective at alleviating non-health-related concerns about oral contraceptives. Moreover, messages about project products in general can have positive spill-over effects on women's views about oral contraceptives in particular.
- By contrast, mass media messages that directly address the health-related concerns held by many women about oral contraceptives appear to have little effect on those concerns.
- Even substantial reductions in non-health-related concerns about oral contraceptives (e.g., convenience, availability and price) do not necessarily translate into increased use of this method. Nevertheless, they can play a role in shifting pill consumers away from public sector sources toward private sector sources.
- Information hotlines, which have the “wide reach” of mass media and the “high-touch” of interpersonal counseling, offer a promising approach to improve both consumer and provider knowledge about new methods on the market.
- Community-based, interpersonal “demand-creation talks” can reach large numbers of women of reproductive age.
- The interpersonal communication approach, with its ability to respond immediately to key questions and concerns about hormonal methods, has a direct impact in motivating behavior change, especially when conducted within areas with reasonable access to trained providers and clinics.

## 4. Condoms

Although condom use has increased in numerous developing countries around the world over the last decade, a significant proportion of married and unmarried couples continue to engage in unprotected sex that may result in an unintended pregnancy or the spread of sexually transmitted infections (STI).

Through its consumer research, SOMARC III identified numerous factors that serve as obstacles to the increased use of this method. These include: concerns about reduced sexual pleasure; problems of discarding used condoms; concerns about quality; difficulty in obtaining condoms when needed; images of condoms as being appropriate only for extramarital or “illicit” sexual relations; and uncertainty about how to use a condom correctly. Another barrier to increased condom use is the fact that many distributors and retailers are reluctant to carry condoms because of the relatively small profit margins that they provide.

Based on a focused analysis of its experiences in several countries – Ghana, Malawi, Uganda, Indonesia, Ukraine – SOMARC III has drawn several key lessons about the

marketing of condoms.<sup>9</sup> These follow below.

### Lessons Learned

- Mass media messages can be highly effective at reducing the belief that condoms are appropriate only for extramarital relations. Moreover, the reduction in this belief appears to translate directly to increased condom use within marriage and decreased use of condoms with prostitutes only.
- Condom campaigns that stress the disease-prevention aspect of condoms can be highly effective at increasing condom use among high-risk individuals. On the other hand, they can also cause a drop in use among couples who use condoms primarily as a pregnancy-prevention method within marriage because of an increased perception that condoms are for people at risk of contracting STIs and AIDS rather than for monogamous married couples.
- Increasing the number of condom brands can increase overall condom use as long as the brands appeal to different market niches and appear to address the different needs and preferences of those niches.
- Product positioning can have a strong influence on the benefits that consumers perceive a particular condom brand to have (e.g., quality vs. strength). In Ghana, the identical condom is packaged and positioned in three different ways to three different market segments, and consumers perceive the benefits of each brand to be different.
- Innovative promotional approaches such as condom lotteries can be highly effective at bringing consumers quickly “in the door” and thereby reducing the reluctance of retailers to carry condoms.
- The perception that condoms are not appropriate for use with “those we love” is particularly strong among prostitutes. As a result, it is easier to increase the use of condoms among prostitutes with their clients than it is to increase the use of condoms among prostitutes with their husbands or boyfriends.
- The creation of a specialized (and subsidized) distribution network for rural, non-traditional points of sale can significantly increase the availability of condoms nationwide and lead directly to increased condom use. However, in subsidized markets, there is little incentive for private sector distributors to take over this type of high-intensity distribution network. Consequently, unless donors are prepared to fund this type of distribution system over the long run, it is a short-term solution to problems of access in “hard-to-reach” settings.

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<sup>9</sup> A more detailed discussion of this experience is available in the SOMARC Technical Review, *Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Condoms* (September 1998).

## I. Project Cost Effectiveness

SOMARC III cost effectiveness is reflected in two programmatic outcomes:

1. its cost per contraceptive year of protection (cost/CYP), and
2. commodity procurement savings realized by USAID.

### 1. Cost per CYP

Family planning services are available to potential users through a variety of sources. Government services are typically offered through hospitals, clinics and health centers and, in some cases, through outreach workers. Non-governmental organizations (NGOs) may offer services through clinics and community-based distribution. The commercial sector provides family planning products through pharmacies and other outlets and family planning services may be offered by private physicians.

Commercial services contribute to the family planning program at no cost to the public sector. However, these services are usually high cost for the consumer and often available only in urban areas. Thus, they generally serve only the wealthiest segment of the population. Government and NGO services are typically low cost or free, but they may not reach all geographic areas and waiting times may be long. As the number of family planning users increases, the public subsidy required to provide services can become a burden on government budgets.

Social marketing programs are intended to contribute to the overall family planning program by using commercial sector techniques to generate demand, expand access and operate with little or no public sector subsidy. These programs are designed to reach mid- to low-income consumers with affordable products and services. SOMARC III undertook a comprehensive review of its experience in more than two dozen countries to determine whether the actual costs of its social marketing programs are truly cost-effective.<sup>10</sup>

The SOMARC I, II and III projects implemented a large number of contraceptive social marketing projects in countries around the world. These projects were designed to expand the availability of affordable contraception to couples who want to plan their families. SOMARC strove to develop projects that could achieve a maximum degree of sustainability while still keeping prices within the reach of the majority of the population.

In some countries was possible to develop projects that achieved complete self-sufficiency within as little as five years. In others, complete self-sufficiency remain unlikely in the near future. In all cases, SOMARC used a variety of innovative approaches, including private sector partnerships, to keep the net costs of the projects as low as possible.

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<sup>10</sup> The detailed analysis and discussion of this review of is available in the SOMARC Special Study, *The Costs of Social Marketing Programs Implemented through the SOMARC Project* (September 1998).

The cost effectiveness of these projects improved over time. The average cost-per-CYP of contraceptive social marketing programs implemented by SOMARC was \$8.78 in 1992, \$6.36 in 1994 and \$5.31 in 1996 (all years expressed in 1996 dollars). In 1996, these costs ranged from a high of \$94 per CYP in Haiti, \$89 per CYP in Niger and \$66 per CYP in Kazakhstan to a low of no cost-per-CYP in countries that have become completely self-sufficient. (Several projects were started with USAID-funding but later graduated from donor assistance. That is, they continued to provide family planning services with no public sector subsidy.)

The cumulative cost for all program years and all country projects was only \$6.83 per CYP. When project overhead costs are added to the country-specific costs the annual cost-per-CYP in 1996 becomes \$6.37 and the cumulative costs for all years become \$8.18. All of these costs are well below the figure of \$15-20 per CYP often used by USAID as an average cost for all modes of service delivery.

The costs of SOMARC projects declined significantly as the projects matured. The average first year cost was \$19.88 per CYP, but this dropped to an average of \$4.82 per CYP by the seventh year and to just \$0.54 per CYP for the one project that was ongoing for twelve years.

Costs also varied by implementation model. For example, the average cost in the seventh year for all projects using donated commodities was \$11.64 while the average for those using commercially purchased commodities was just \$4.07 per CYP.

### **Lessons Learned**

- The costs of contraceptive social marketing projects implemented by SOMARC are substantially below average costs for other modes of service delivery.
- Cost-per-CYP declines dramatically with the duration of the project as the initial investments in market research and project design begin to payoff.
- Several SOMARC projects have achieved complete self-sufficiency and are now providing services to clients with no additional public subsidy.

## **2. Commodity Cost Savings for USAID**

From 1988 to 1996, the three successive SOMARC projects created \$40 million in commodity savings for USAID's family planning programs. Savings under the SOMARC III contract (October 1992-September 1998) are estimated at \$31 million, providing savings of \$48 million over the life of the ten-year contraceptive social marketing program. This effectively increased the value of the SOMARC III program by almost 40%---from \$81 million to \$112 million---without any increase in USAID funding.

These savings were created when SOMARC country programs use contraceptives provided by the private sector instead of donated products. Including commercially-available modern contraceptives in social marketing programs benefits USAID by targeting donated contraceptives to countries with the greatest need; and Missions with stronger commercial markets can better leverage country budgets to support activities that lead to growth and sustainability of the private sector contraceptive market.

Much of these savings is based on a series of agreements and negotiations with pharmaceutical and medical device manufacturers guaranteeing their partnership in USAID's family planning programs. SOMARC created and fostered environments whereby these companies were willing to provide low-cost contraceptives, as well as marketing support in the way of covering such costs as distribution, sales, promotion and merchandizing, detailing, management, and, in several instances, advertising. The sum of these investments by the private sector represents further value added to USAID's initiative. Estimates of this additional value range from \$20 - \$25 million over and above the savings realized from forgone commodity procurements.

## **V. Project Operations – A Review of SOMARC III Experience**

### **A. Project Staffing**

#### **1. Evolution of SOMARC Staff**

There was an evolution of staff and consultancy skills over the project's six years. These changes were occasioned by the development in host country capacity and capability and the challenges of commercial and other private sector initiatives. In the beginning SOMARC staff and consultancy skills were concentrated in specific technical areas like marketing, sales and distribution, advertising and promotion, public relations and research. These skills were initially required to implement and provide technical assistance for the implementation of activities. A major result of the TA effort, however, was been the transfer of skills and capabilities to host country institutions as well as resource and capacity building within local organizations and personnel. SOMARC accordingly shifted its staffing requirements from a strong technical skill emphasis to a strong management emphasis. The objective was to enhance the project's capabilities to manage the skills and resources that are available locally to a much greater extent than in the past.

In building partnerships with local and multinational commercial private sector organizations, SOMARC recognized that these organizations already possessed or had access to technical skills. The primary need was for SOMARC skills in strategic marketing planning, business intelligence inclusive of policy and advocacy, business development and finance.

As country programs developed, SOMARC also needed to build local management capacity. Again, the project's skill requirements shifted from technical to managerial capabilities with the primary emphasis on using expatriate management skills to train

local counterparts. Managers were accountable for project performance and therefore needed to have the appropriate skills and aptitude to be able to direct and supervise a staff with various technical skills, interact with varying groups of private sector partners, and respond to the interests of donors and the government. However, marketing and management skills are a relatively scarce commodity in developing countries and very competitive in the private sector especially where there is a presence of international organizations. SOMARC's approach has been to develop managerial capabilities by linking local management 'trainees' with skilled expatriate staff to develop skills. Almost all of the local country managers have also benefited from overseas training like the Georgetown University Social Marketing Certificate program and programs offered by the American Management Association (AMA).

Support staff typically provided administrative services. Nevertheless, their skill requirements also changed throughout the project, largely to adapt to new computer technology.

## **2. Resident Advisors**

The key determinant for using in-country SOMARC advisors was always the level of complexity of the program. More complex programs require intensive hands-on management, while programs in countries with strong local institutions, or where the request for assistance is limited, do not necessarily require in-country staff. For example, complex programs such as those in Uganda or India required experienced managers — professionals who could establish and manage a complex multifaceted marketing program, hire local support staff, forge relationships with (and evaluate) local organizations, and deal with burdensome administrative issues.

In a program such as Ghana or Honduras, where a strong local institution exists, SOMARC activity was appropriately limited to providing technical assistance as needed. In other countries (Russia, Ukraine), the scope of the work outlined by the USAID Mission, and the level of funding available limited the project's ability to place full-time staff in country. While there was always more work to be done, the goals of Missions did not always match their limited access to funds. In such instances, while the complexities of the situation may have led SOMARC to recommend a full-time in-country manager, the project developed programs that achieved planned objectives, but that relied primarily on part-time in-country staff, with technical assistance from SOMARC staff.

There were no programmatic disadvantages to SOMARC's use of strong in-country managers, and several obvious advantages. These advantages included: better control of program activities, a faster response time, better information transfer between SOMARC and the Missions and between country programs and central management, and an increased ability to manage complex programs. It was often far easier to work with a country director than an implementing agency. Local organizations, whether NGOs or distribution firms, typically had their own agendas, and these did not always match program goals. The project's direct employees did not have such conflicts. In addition, local managers, interacting daily with their counterparts in business and government,

were able to develop relationships that enabled the project to achieve the USAID Mission's objectives.

Cost can be an issue depending on the type of person needed, size of family (if allowances are required), and local costs. An in-country manager will also require office space, local support staff, and the like. Technical assistance provided by US-based management also has cost implications: higher travel costs, possibly higher labor costs, and a greater risk of cost-overruns by local organizations lacking tight supervision. Implementing agency costs can also increase when these organizations serve as a substitute for an in-country manager. These types of expenses, combined with higher technical assistance costs may offset the costs of placing a manager in country. But it should be noted that expenses for an experienced expatriate manager requiring allowances, in a country with high local costs, could eat up a small budget.

Cost varied greatly in any type of program. (See table below.) Although funding is often the determining factor, SOMARC learned that decision to use in country management was best driven by the complexities of the program, and the ultimate goals of the Mission. More often than not, the very presence of a strong in-country manager can be the key reason a program succeeds in achieving the Mission's goals.

<b>Line Item</b>	<b>No In-country Manager</b>	<b>Expatriate Manager</b>	<b>Local Manager</b>
Country Management	\$60,000 - 105,000	\$110,000 - 156,000	\$25,000 - 70,000
Technical Assistance	\$65,000 - 120,000	\$20,000 - 100,000	\$20,000 - 120,000
Allowances	\$0	\$40,000 - 90,000	\$0
Office costs	\$0	\$10,000 - 40,000	\$10,000 - 30,000
<b>Total</b>	<b>\$125,000 - 225,000</b>	<b>\$180,000 - 386,000</b>	<b>\$55,000 - 220,000</b>

## **B. Technical Assistance**

SOMARC III's strategy for providing technical assistance to its country-level partners evolved from providing expatriate professionals exclusively to managing the provision of technical assistance from whatever source – local, regional, or global. This entailed developing local and regional skills banks; making technical assistance trips by expatriates a teaching/learning exercise to transfer skills and build capacity; using staff to manage rather than provide TA, and investing in maintaining high quality local expertise through on-the-job and external training.

The type of technical assistance required and how it was provided was a function of local conditions and available resources. SOMARC's approach was to provide the best qualified professionals while being mindful of the project's mandate to develop and support local expertise. The selection of these short-term professionals – local or expatriate – was based largely on their timely accessibility and relevant experience. By

and large, locally available expertise (assuming acceptable skills and experiences) proved more economical, sensitive to the social environment, and accessible than their expatriate counterparts.

Wherever and whenever possible SOMARC utilized technical assistance from available local or regional pools and use its own management and technical staff to supervise and monitor the quality of the assistance provided. In addition to local and (developed country) expertise, the project also looked regionally, particularly where programs were in relatively close proximity to more developed markets. For example, Indonesian professionals provided excellent technical assistance to less developed Asian countries, experts from South Africa were very helpful in southern and eastern Africa, and Mexico was a reliable source of technical skills needed in its Central American neighbors.

### **C. Project Structure – Regional Offices**

The SOMARC III contract was initially designed with a strong regional management structure to support less-experienced in-country management. SOMARC regional staff served dual roles as technical advisors *and* country managers. As country projects matured, a stronger emphasis was placed on developing robust in-country marketing teams, and the regional management structure has naturally given way to more effective country-level management. While the importance of regional offices gradually diminished, it is important to note that at the beginning of SOMARC III, very few countries had strong in-country managers. Country projects relied on local talent, either in the form of major implementing agencies (Philippines, Senegal) and/or local managers (Jordan, India). It is important to note that one of SOMARC's strengths was its ability to grow projects from purely condom social marketing efforts to complex programs that address a vast array of reproductive health needs.

As projects became more sophisticated, both in the types and number of products and services offered and in the demands placed on them by local Missions, a need for stronger, more experienced management became apparent. In a number of countries, FUTURES identified highly experienced expatriate staff to manage country projects (Philippines, India, Uganda). In others (Indonesia, Mexico, Morocco), the very presence of the regional office allowed them to enjoy a good measure of success.

The primary role of regional offices was to serve as “middle management” between country programs and headquarters. Regional staff provided technical assistance, assured coherency and consistency, evaluated subcontractors, processed invoices and vouchers, and oversaw payments. They also served as backstops for country managers, coordinated efforts between countries, and provided strategic vision for the countries within their region. One of the key benefits to regional offices at the beginning of the SOMARC III contract was the reduction in travel times and the ability to be available during a greater portion of the business day. This was particularly critical to programmatic success in countries without strong managers; they required more day-to-day contact, and the availability of US-based backstopping given a 12-hour time difference is limited.

The costs of SOMARC III's regional offices from October 1992 through March 1998, are provided in the table below.

Expense	Latin America & the Caribbean	North & West Africa	East & Southern Africa	Asia
Ave. no. of staff	3	4	2	2
Labor	484,571	624,755	382,630	389,266
Non-Labor	1,214,457	1,605,487	787,998	1,145,346
Total	1,699,028	2,230,242	1,170,628	1,534,612
Annual Average Non- Labor Cost	220,810	291,907	* 175,111	208,244
Estimated Annual Savings **	85,000	132,000	95,000	127,000

\* This office closed in March 1997. Its average cost is based on 4.5 years instead of 5.5 years.

\*\* Estimated savings based on lower overhead rates and travel costs.

The average annual costs for SOMARC III's four regional offices were approximately \$450,000. Labor costs include only salary and overhead for regional staff that is charged directly to the region. US-based staff time, and time charged by regional staff to country programs is *not* included. Non-labor costs include allowances, equipment, ODCs (rent, utilities, local support staff, etc.), regional travel (non-country specific), and subcontracts supporting regional efforts.

Regional office costs were originally funded by G/PHN money allocated to their support. With the switch to the field support funding system, regional offices were then funded through a combination of Core (G/PHN) funding (primarily for labor and associated costs) and field support funds via the "load" charged to each country program.

### Lessons Learned

- When evaluating the costs of regional offices, it's important to consider that for every cost associated with having staff overseas there is often a saving. While allowances for regional staff can seem considerable, particularly during project start up when staff is being moved overseas, monthly rent and utilities, and R&R/home leave costs are spread out over the year. There can also be long-term savings in travel costs and overhead rates. For example, travel to India from the US can add 2 – 3 days travel time (\$500), and increased airfare (\$2000). In addition, FUTURES is structured with higher overhead rates for US staff than overseas staff. This can add \$1,200 to a typical two-week TDY. In the example above, the US-based traveler costs \$3,700 more *and* will also be unavailable to other projects for a longer period of time.
- The complexity of country programs is a key consideration in the decision to adopt a regional management structure. A region with many countries requiring technical assistance for relatively sophisticated institutions (i.e., Ghana's GSMF), or which has complex programs but relatively weaker local staff, may be better served by a regional office. Regionally based staff are available during most of the same business

day, can travel on shorter notice, and can play a stronger day-to-day management role within country programs.

- In situations where country management is strong, and requires less-day-to-day outside support, the need for regional offices is greatly diminished. Continuation of activities based on the current countries programs would indicate the need for a further shift away from the current regional structure.

## **D. USAID Management**

### **1. Relationships with the Cognizant Technical Officer (CTO)**

SOMARC III management strove to develop and maintain collegial and productive working relationships with USAID management staff at all levels. The key relationship was with the project's Cognizant Technical Officer (CTO), since the CTO is involved directly and indirectly with all aspects of USAID's management and approval procedures. The project's weekly meetings with its CTO have been the principal mechanism for addressing procedural requirements in a way that supports project implementation. Routine matters such as travel authorizations, consultants' technical suitability, and equipment purchase approvals are dealt with expeditiously in these weekly meetings. Constraints on project implementation are identified and a collaborative response developed.

The frequent change of CTOs – SOMARC III had four over the course of its six years – entailed an additional cost to the project in the sense of the management time that was required to reestablish a productive working relationship with the new CTO. In addition, the degree of fit between the individual background and experience of each CTO in relation to the project's administrative and programmatic demands, significantly influenced the extent to which this turnover impacted on project implementation. This is a critical issue which needs to be taken into account in future projects.

### **2. Contract Administration**

The project prepared and submitted to the CTO monthly reports on approvals pending in the Contracts Office, which facilitated expeditious follow-up from within USAID. Nevertheless, the timeliness of Contracting Office approvals varied, with turnaround times ranging from 2-3 weeks to 2-3 months, and sometimes more, depending on the Contracting Officer involved. Individual differences among contracting officers regarding the appropriateness of contract type – e.g. fixed vs. reimbursable cost – slowed project implementation in some cases, and, to the extent that such differences can exist, represents an inefficiency in USAID's approval system.

USAID's approval procedures impacted project implementation in terms of the administrative burden they imposed on project management. The use of the delivery order mechanism, which increased the number of CTOs and Contracting Offices

interacting with the project's central and country-level staff, added considerable complexity to project management. Although generally responsive to project needs, the turnover in Mission staff, as well as individual variations in their interpretations of applicable regulations diverted management attention from programmatic issues.

Although the approval process associated with delivery orders was streamlined with the relaxation of an earlier requirement that all individuals in Mission buy-in labor pools be designated "key personnel," significant management resources continued to be required to administer the buy-in mechanism.

The project's administrative burden was further increased when, in the contract amendment to extend SOMARC III an additional 12 months, the threshold for Contracting Office approval of fixed price contracts was lowered from \$100,000 to \$25,000. The relatively smaller contracts required in the project's last 18 months limited the impact of this change on overall project management. But, if this lower threshold had been applied to all of the more than 185 fixed price contracts executed over the life of the project, submissions (and associated paperwork) to the Contracting Office for approval would have increased by nearly one-third.

## **E. Management Controls**

### **1. Performance-Based Work Planning**

Prior to the introduction of an annual performance-based work plan in early-1997, the project's work planning was mainly done through individual marketing plans for specific products and services within each country. Annual country work plans drew on these marketing plans to provide an overview of all of SOMARC's ongoing and planned interventions in a country, but these typically focused on broad objectives and areas of activity rather than specific goals and completion dates.

The principal cost of the new performance-based system was in the management time – at the global and country levels – it required for its design, introduction, and effective use. The costs associated with its introduction represented additional one-time costs to the project, as new reporting forms and guidelines were developed centrally, discussed with field managers, and adapted for use in individual countries. Once in place, however, the new system's costs proved to be no greater than those of the system it replaced, and it contributed to savings in management time associated both with periodic reporting requirements (e.g. semi-annual reporting, quarterly portfolio reviews), and with responses to USAID's frequent ad hoc requests for information regarding project performance.

The principal value of the performance-based work plan was the enhanced degree of accountability it introduced and supported at all levels of the project. SOMARC III's country work plans were always developed in collaboration with the relevant USAID Mission, but the new performance-based system explicitly ties the project objectives,

activities, anticipated outputs, and budgets to the Mission's strategic objective(s) and intermediate results. This explicit link with the Mission's strategic objective(s) combined with scheduled outputs has allowed project management to identify and respond to unanticipated constraints in a more timely and focused manner than was previously possible. Needless to say, it also enabled project management at all levels to remain focused on the timely delivery of promised results. The availability of the new work plan, and its semi-annual update also facilitated reporting on project achievements, not only to USAID, but also to other parties interested in SOMARC III's work.

## **Lessons Learned**

The main lesson learned from this experience is the importance of introducing performance-based work planning from the start of the project. Its late introduction in SOMARC III limited the full development of its potential value as a key management tool, e.g. the effort entailed in its introduction and initial use made quarterly reviews impractical. Specific recommendations based on this experience are:

- the work plan should be designed as a “turn around” document that facilitates easy annotation on at least a quarterly basis;
- the work plan should be designed as an integral component of a larger project reporting system that includes expenditure and budget review and adjustment, preferably on a quarterly basis;
- the consolidated global and country work plans should constitute – with an appropriate overview – the project's semi- and annual reports to USAID.

## **2. Project Accounting**

The raw data needed to respond to USAID's requests was automatically gathered as part of the normal process of receiving and paying invoices and staff, and submitting vouchers for payment to our clients. The charge code system that SOMARC utilized tied every charge (time, materials, subcontracts, consultants, etc.) to a specific country and funding source. This charge code information allowed the project to identify how much and what types of costs have been charged to each country by funding source. The costs associated with the FUTURES accounting department, which does this work, were part of SOMARC III's overhead costs.

FUTURES' accounting department provided senior SOMARC III managers with monthly reports of expenses charged to the project. The MIS Director and an MIS analyst were the primary staff members whose jobs were to sort through and process this information and provide it to project, regional, and country managers to enable them to track expenses against budgets. This was done through a separate database system that re-formatted the accounting information to meet project-specific needs. Costs associated with developing and updating this MIS system were borne by the project.

### **3. Contraceptive Social Marketing Sales Report**

As part of the normal course of business of operating a contraceptive marketing program, SOMARC III gathered sales data for all its country programs. Where the project employed a sales force directly, or where donated product was sold by an implementing agency, the information collected was quite extensive. It included details such as sales' route, store name and location, and date of last order. This information was gathered and stored at the country level for analysis by program managers. Summary information – monthly sales by product – was forwarded to the Washington office.

The MIS Director and an MIS analyst gathered this data and entered it into a PC-based database, where it was manipulated to not only to create the annual sales report, but also to respond to more specific and detailed requests. In 1997, the entire database was moved from an outmoded Dos-based program to a Windows-based program to enable more useful data manipulation. A version of this database was made available on the SOMARC Intranet, where basic queries have been set up to allow users to obtain answers to commonly asked questions.

Data entry and review requires approximately 5-7 days per year. Two other social marketing organizations, PSI and DKT, also provided SOMARC with sales information, which was put into the database. A final review of annual data would take another 2-3 days. The sales report would then be automatically generated whenever needed.

The total cost of creating the annual sales report (including labor and materials) was less than \$10,000. The report was forwarded to the USAID G/PHN office and SOMARC project and country managers. Courtesy copies were also sent to DKT and PSI. Extra copies of the report were placed in the SOMARC library and forwarded to a variety of interested individuals throughout the year.

Because sales data is one of the few concrete ways to measure program performance, its importance cannot be underrated. While many factors were considered when analyzing this data, comparison of data from quarter-to-quarter or year-to-year was one of the key ways in which the performance of individual managers, as well as the project as a whole, was evaluated. Missions, contract officers, and independent evaluators typically used it to judge the success of country programs.

### **F. Information Dissemination**

SOMARC's information dissemination activities have evolved over the life of the project, largely in order to adapt to and take advantage of emerging technological opportunities. During the life of the project, Internet, e-mail, and electronic information transfer gradually began to replace the relatively more expensive and time-consuming print publication process. The dissemination program's primary objective remained unchanged, however, which was to inform USAID, collaborating agencies, international

development organizations, and other donors, of the accomplishments and the lessons learned in the SOMARC project.

SOMARC III issued 20 *Highlights* and 24 occasional papers. It established a home page on the Internet as well as an Intranet that connects the Washington office to its regional field offices. Five special studies and nine technical reviews were written, produced, and disseminated.

SOMARC also issued country assessments, evaluations and recommendations for numerous countries, as well as trip reports with next steps and results for each technical assistance TDY. Guidelines for marketing planning and research, a dozen video news releases on country programs, and the *The Practical Guide Series* comprised of six modules on communication topics were also produced.

SOMARC III made presentations on social marketing and country specific programs at more than 25 conferences, seminars, and professional organization meetings. It also provided debriefings to USAID/Washington and field mission staff in the form of oral presentations, videos, monthly activity reports, written reports, and brown bag luncheons. All of this material has been deposited in the SOMARC library. A complete publication list is included in Appendix D of this report.

SOMARC projects also were the focus of numerous stories and articles in the development press, e.g. FHI's *Network*, *Populi*, *Population Reports*, *Front Lines*, and *Population Bulletin*. The cost of the dissemination program in labor and materials has averaged approximately \$200,000 annually over the life of the project.

Finally, SOMARC III hosted a Lessons Learned Conference to review its experience addressing salient issues within the development community. The meeting was held at the Willard Hotel in Washington, DC, on September 22, 1998. The meeting consisted of six presentations in both plenary and round-table formats. The presentation topics included: public private partnerships, product and service marketing, sustaining project benefits, market segmentation, and the results and contribution of social marketing over the past two decades. Copies of the presentation slides are included in Appendix G of this report.

## **Lessons Learned**

Lessons learned from SOMARC III's information dissemination program that may be useful as guides to future projects include:

- SOMARC's main target audiences – USAID, collaborating agencies, and international development professionals – are interested primarily in information concerning project outcomes and impact. There appears to be comparatively less interest in timely information regarding product launches, new communication interventions, and innovative program designs are of interest.

- Electronic information transfer is now the accepted method of information dissemination among SOMARC's primary target audiences. Electronic technology cannot be used exclusively to disseminate information, however, given the continued need for print materials among healthcare providers, NGOs, and other interested organizations and individuals lacking access to the Internet.
- There will always be a percentage of information from other sources that cannot be stored or accessed electronically. Although an all electronic library would reduce costs of space, printing and production, and dissemination, the savings realized from such an approach would be nominal given the relatively low cost of maintaining a modest non-electronic library. During the life of the SOMARC III project, the average total annual cost for labor, space, and miscellaneous expenses (printing, subscriptions, production) was approximately \$31,000.
- The secondary audience that does not have access to the new information technology can be reached through the placement of articles, announcements, and news about global and country-specific programs in international development media, e.g., *Populi*, *Network*, *Population Today*, *Front Lines*, *Population*, and *Population Bulletin*. Utilization of these publications provides a project with a cost effective means of reaching electronically unserved audiences.
- Project presentations to various audiences, e.g. conferences, or brown bags for USAID staff, should be made available on the Internet and on CD-ROM for wider dissemination.

**G. Postscript – SOMARC Requiem**

October 13, 1998

## MEMORANDUM

TO: AA/G, Sally Shelton-Colby

THROUGH: AA/G, Barbara Turner

FROM: G/PHN/DAA, Duff Gillespie

SUBJECT: Monthly Activities Report, September 1998

## RESULTS

Social Marketing for Change Contract Ends After 16 Successful Years

The Social Marketing for Change (SOMARC) contract ended September 30, 1998. Over the years, The Futures Group and the SOMARC team have been widely recognized by their peers and others in the industry as pioneers in social marketing. In the last few months they have received two awards for their work. In September, SOMARC received the Population Institute's 19th Annual "Global Media Award for Excellence in Population Reporting" in the category of Best Commercial Advertising Campaign for their family planning work in Jamaica. In June, SOMARC received the "Bill Novelli Award for Innovations in Social Marketing - Practical" for their work in Brazil where they established a partnership with Pharmacia & Upjohn to socially market an injectable contraceptive. Also in June, an ABC News' Nightline Report featuring USAID and SOMARC's work in the fight against AIDS in Uganda was chosen by British One World Broadcasting Trust as the Untold Good News Story of the Year. On September 22, SOMARC hosted a Lessons Learned Conference which was attended by over 150 representatives from USAID, Cooperating Agencies, sub-contractors, donor organizations and others. The conference presented many of the innovations and lessons learned from commercial partnerships which have made SOMARC such a success.

## **BRAZIL**

The total Brazilian population is now growing at a slower rate than in the 1980s. Brazil's average annual growth rate between 1980 and 1991 was 1.9%, which represented a marked decline from the rates of 2.5% and 2.9% registered during the 1970s and the 1960s, respectively. The urban population increased to a 75% of the total population. The rural population declined during the 1980s.

Although the total fertility rate in Brazil has decreased substantially, there continue to be significant differences in fertility, with rates remaining relatively high among the poor rural population of the North and Northeast.

According to a 1996 study conducted by DHS for Bemfam, the actual use of contraceptive methods among Brazilian women in union is 76.7%, the most prevalent methods being sterilization (40.1%) and the pill (20.7%). Injectables account for 1.1%. The study also indicates a growth in male sterilization (2.6%) and use of condoms (4.4%) over the last 10 years. 23.3 % of women in union claim they do not use a contraceptive method.

### **USAID Objectives**

USAID's objectives in population in Brazil include:

- Increase access to contraceptive methods and integrated family planning services to improve women's reproductive health;
- Improve the quality of family planning services to ensure that a balanced, high-quality sustainable program exists in target areas;
- Increased sustainability of family planning delivery systems;
- Availability of a new three-month injectable contraceptive method; and
- Awareness and demand for the new three-month contraceptive method.

### **SOMARC Objectives**

- Strengthen the sustainability of BEMFAM through services and product marketing;
- Expand Brazil's modern contraceptive market by introducing Depo Provera as part of a social marketing program in partnership with Pharmacia & Upjohn; and
- Strengthen the sustainability of CEPEO through the marketing of IUDs.

### **Year I - III Accomplishments**

SOMARC did not work in Brazil during this period.

### **Year IV Accomplishments (1996)**

#### **Technical Assistance to BEMFAM**

SOMARC provided technical marketing support to BEMFAM to launch their PROSEX commercial brand of condoms. Because of testing problems in Brazil, many of the condoms from the first shipment received were rejected due to alleged defects. PROSEX, however, was launched in October 1996. Actual sales reached 566,864 units.

#### **Technical Assistance to CEPEO**

SOMARC provided technical and financial support to CEPEO in the marketing of IUDs. The primary marketing activities, which were funded by SOMARC, included a direct mail program, advertising in medical magazines and participation in medical conferences. SOMARC regularly reviewed program activities and CEPEO's progress toward self-sufficiency.

## **Year V Accomplishments (1997)**

### **Technical Assistance to BEMFAM**

SOMARC provided technical marketing support to BEMFAM to expand their commercial distribution network and increase their promotional activities towards the selling of PROSEX condoms. SOMARC'S activities included updating the marketing and promotional plan to increase sales.

A television advertising campaign for PROSEX, financed jointly by IPPF and SOMARC, aired from July through August 1997 in the market of Rio de Janeiro. The objective of the campaign was to create awareness and induce trial/usage of PROSEX condoms.

Thanks to USAID intervention, testing problems in Brazil were corrected and many of the PROSEX condoms previously rejected were approved in a second test. Many of the approved condoms, however, had an expiration date of less than 14 months. In view of this situation, the strategy was to sell the condoms at a discounted price to recover the investment made by USAID.

The projected sales objective of 4,500,000 was surpassed with actual sales of 5,861,216 condoms, 30.2% over the estimate. Actual income, however, was only R\$692,332 for an average selling price of R\$0.118 per condom, hardly enough to recover costs of marketing the product.

SOMARC also prepared a feasibility study on the expansion of BEMFAM's labs. The study included specific recommendations on marketing and commercial actions to turn the labs into an additional source of income.

### **Depo Provera Social Marketing Program**

SOMARC partnered with PHARMACIA & UPJOHN to launch Depo Provera in Brazil under the commercial name of Depo Provera 150. As part of a social marketing program, Depo Provera 150 was introduced at a commercial price of \$10 to the end consumer (original P&U's price was \$20), making it accessible to C and D class consumers. SOMARC also negotiated a public sector price of \$3 (plus applicable taxes) for the Northeast and of \$3.50 (plus applicable taxes) for the rest of the country.

The launching date for Depo Provera 150 was October 27, 1997. SOMARC developed and implemented a public relations campaign with the objective of creating awareness, good will and usage of the product among consumers. It collaborated with the P&U marketing department in marketing activities for the introduction of the product to the medical community, as well as sales and distribution of the product.

SOMARC also coordinated activities performed by PATHFINDER, JHPEIGO, JHU/PCS, and POPULATION COUNCIL. The objective of these activities was to create awareness among the medical community and provide training to healthcare providers in the poorest areas of the country, namely the Northeast.

1997's sales objective of 50,000 units was surpassed with actual sales of 65,000 units, 30% over the estimate.

## **Year VI Accomplishments (1998)**

### **Technical Assistance to BEMFAM**

SOMARC provided technical marketing support to BEMFAM to improve and update their marketing activities for the commercialization of PROSEX condoms. SOMARC'S activities included the recruiting of their new commercial director Mr. Marcelo Mendonça.

Due to the need to increase PROSEX prices in order to increase revenue, the yearly sales objective had been revised to a projected 5,000,000 units. Actual sales as of August 1998 already reached 3,370,204 units. Actual income reached R\$586,948 with an average selling price of R\$0.174 per condom. Estimated sales would reach 6,000,000 units by the end of the year surpassing projections by 20%. BEMFAM already placed an additional order for 7.1 million condoms.

A television advertising campaign for PROSEX, financed jointly by IPPF and SOMARC, aired from August through September 1998 in the market of Rio de Janeiro. The objective of the campaign was to create awareness and induce trial/usage of PROSEX condoms.

SOMARC also prepared a business plan to obtain needed funds for the expansion of BEMFAM's commercial activities and laboratory services. The objective is to increase revenue by expanding their commercial activities.

#### Depo Provera Social Marketing Program

SOMARC continued its partnership with PHARMACIA & UPJOHN to launch Depo Provera in Brazil under the commercial name of Depo Provera 150.

SOMARC developed and implemented a communications program (public relations and advertising campaign) to create awareness, good will and usage of the three-month injectable contraceptive among consumers. For strategic purposes, the public relations campaign was launched under the name of "Filho é Coisa Séria," and included information on the use of all modern contraceptive methods currently available in Brazil. This national campaign has been a complete success not only with consumers, but also with the media and the Ministry of Health. It is being officially adopted by Editora Globo, a subsidiary of Globo, the largest media organization in Brazil.

SOMARC ran a direct mail advertising campaign directed to pharmacies in Sao Paulo. The objective of this campaign was to increase awareness and provide information on the correct use of Depo Provera among pharmacists.

SOMARC coordinated activities performed by PATHFINDER, JHPEIGO, JHU/PCS, and POPULATION COUNCIL. The objective of these activities is to create awareness among the medical community, and to provide training to healthcare providers in the poorest areas of the country

SOMARC conducted pre and post pharmacist awareness research studies, and is currently conducting an user profile study to ensure that users fall within USAID priority target audience of class C and D consumers.

Sales, as of August 1998, already reached 184,556 units. Depo Provera 150 sales objective of 190,000 units for the first year is already surpassed. Total sales reached 248,556 units. This is 30.8 % over first year's projections with two months to go.

#### Sales

Product/Method	1996	1997	1998
CEPEO IUDs			
PROSEX Condoms	566,864	5,861,216	3,370,204
Depo Provera		65,000	184,556

## **ECUADOR**

The knowledge of contraceptive methods in Ecuador is very high: 92.6 percent of women of reproductive age and in union know of some method, and 91.9 percent know of a modern method. The most common ones are the pill, female sterilization and the IUD. Knowledge of the following modern methods has increased notably in the past few years: condom, implants and male sterilization. Contraceptive prevalence in Ecuador is 35.3 percent among women of reproductive age and 56.8 among women of reproductive age in union. The most commonly used methods are female sterilization (19.8 percent), the IUD (11.8 percent) and oral contraceptives (10.2 percent). From 1989 to 1994, female and male sterilization, the pill and condoms boasted the largest increase in prevalence.

The private sector is the main source of contraceptive methods (62.2 percent). It provides the IUD to 79.8 percent of users, pills to 80.7 percent of users and condoms to 90.3 percent of users. Female sterilization is the exception, for which 63 percent of users go to the public sector. There are approximately 3,500 private drugstores in Ecuador, where 51.2 percent of pills and 71.7 percent of condoms are obtained.

The market for injectables is just developing in Ecuador. Health guidelines from 6 years ago indicate that Depo Provera and Noristerat should not be used in Ecuador. In spite of these guidelines, drugstores sell the injectables Depo Provera from Upjohn, Topasel from Boehringer (Aug. 94) and Mesigyna from Schering (Aug. 95).

### **USAID Objectives**

- Continue to reduce overall rates of population growth and levels of fertility and mortality in Ecuador; and
- Increase the use, effectiveness and sustainability of family planning services in Ecuador.

### **SOMARC Objectives**

- Promote the correct and continued use of contraceptive pills, particularly low-dose pills;
- Stimulate the growth of the commercial condom market;
- Promote the use of IUDs;
- Support the development of injectable contraceptives in Ecuador;
- Promote and increase the use of family planning, reproductive health and overall health services offered by the NGO that developed the MSA program; and
- Achieve self-sufficiency for the CSM program by the end of the year 2000.

### **Year I Accomplishments (1993)**

Fundación Futura, a local non-profit agency established in Ecuador, has been implementing CSM activities since 1989 with SOMARC technical assistance and funding. The project launched a CSM condom, Protektor, and supported a commercial oral contraceptive, Microgynon.

As a result of a detailed audit conducted by SOMARC, it was decided that the project implementation strategy should substantially. Basic management and implementation of project activities was handled in a joint effort by APROFE, the local IPPF affiliate who works in the coastal region, and CEMOPLAF, a very effective NGO working in the Andean region.

### **Year II Accomplishments (1994)**

In November 1994, and by agreement with USAID and SOMARC, CEMOPLAF decided to implement a contraceptive social marketing program. The purpose of this program was to

develop CEMOPLAF's social marketing capabilities to complement its existing distribution capabilities.

- Liquidated Fundación Futura.
- Transferred all Futura assets to CEMOPLAF and APROFE.
- Designed the social marketing program for CEMOPLAF.
- Initiated the CEMOPLAF marketing program.
- Negotiated to ensure the continuity of the Protektor brand in the market.

### **Year III Accomplishments (1995)**

APROFE decided not to participate in the CSM program. It was decided that SOMARC would continue the program in Ecuador only with CEMOPLAF. The condom Protektor was re-launched, and distribution of brand name products in the commercial and community sectors began. Distribution for the relaunching of Protektor began through wholesale suppliers. Simultaneously, CEMOPLAF's sales force was organized, based on the existing structure for community distribution, and a sales training program was implemented. From July 1995, sales were emphasized by CEMOPLAF saleswomen. The re-launching of Protektor was supported by placing Protektor stickers reading "Sold Here" on drugstore windows; promotions to drugstores began in the form of discounts by volume and giving pharmacists and drugstore clerks promotional products as gifts. Protektor was advertised on the radio during an international soccer championship and a Protektor advertisement was placed on the main square during the Quito festivities.

Furthermore, oral contraceptives from Organon, Schering and Wyeth laboratories were distributed in the commercial sector, and sale of an injectable began. In the community sector, physicians and medical assistants from CEMOPLAF clinics distributed contraceptive products that had been either donated or bought from laboratories at a special price for this purpose. To support CEMOPLAF's family planning and reproductive health services, family planning spots for TV and radio included CEMOPLAF's logo and the phrase "For your family's health."

- Relaunched Protektor, with sales in the commercial and community sectors.
- Created a sales force at CEMOPLAF, based on the community distribution strategy.
- Sold 1.1 million condoms by the commercial sector (Protektor, 700,000 units) and the community sector.
- Sold 190,000 contraceptive pill cycles by the community sector and 170,000 by the commercial sector.
- Sold 52,000 IUDs directly to physicians and medical assistants associated with CEMOPLAF and also sold to wholesalers.
- Conducted training of trainers in contraceptive technology and safety.
- Launched the training program in contraceptive technology and safety for pharmacists, drugstore clerks and community saleswomen.

### **Year IV Accomplishments (1996)**

- Provided technical assistance in the development and implementation of a three-year marketing plan for CEMOPLAF's full line of social marketing products, including a new brand of condoms and a new oral contraceptive
- Supported the advertising effort for PROTEKTOR condoms
- Overall sales of social marketing products met or exceeded sales projections

### **Year V Accomplishments (1997)**

- Provided technical assistance in the marketing of CEMOPLAF's social marketing products. Provided technical assistance in the development of marketing plans, management of

inventory, training, invoicing, promotion strategies, quality control and new product introductions.

- Supported the advertising for PROTEKTOR condoms
- Social marketing products achieved a cost recovery rate of 110%

**Year VI Accomplishments (1998)**

- Provided technical assistance in the marketing of CEMOPLAF's social marketing products. SOMARC assisted with marketing plans, advertising strategies and sales training.
- Supported the advertising for PROTEKTOR condoms

## **EGYPT**

The Egyptian national family planning program has achieved remarkable success over the past 15 years, a record of steady progress made possible by the combined support of the Government of Egypt and a sustained external donor effort led by USAID. Program progress is exemplified by the increase in the national contraceptive prevalence rate (CPR) from 24 percent in 1980 to 48 percent in 1995, and a corresponding decrease in the fertility rate from 5.2 to 3.6 over the same time span.

Awareness of modern family planning methods is virtually universal - the 1995 OHS determined that 99.8 percent of married Egyptian women knew about modern methods and more than 90 percent were aware of method sources and availability. The trend toward long-term methods is encouraging, as the IUD at 30 percent has supplanted the pill, now at a distant 10 percent as the contraceptive method of choice.

But much remains to be done in a nation of 59 million people with a 2.1 percent population growth rate. While it reached a new high in 1995, the CPR can be said to have "plateaued", as the increase since 1992 (47.1 percent) has not been significant. And largely rural Upper Egypt, a traditionally neglected area with about a third of the nation's population, continues to lag far behind Lower Egypt (Greater Cairo and the Delta region). The CPR among the rural women of Upper Egypt stands at 24 percent, almost half the combined total for urban and rural women in Lower Egypt.

For the national population program to continue its progress, the commercial private sector (defined as private service providers, private pharmacists and pharmaceutical companies) must expand and strengthen its already significant role as the source for an estimated 43 percent of all contraceptives distributed in Egypt.

### **USAID Objectives**

- USAID's overall strategic objective in the Egyptian population/family planning sector is to reduce fertility, based on the dual rationale that fertility reduction directly improves maternal and child health by reducing the incidence of high risk births, and secondly, contributes to slower population growth, reducing the pressure on land, public services, infrastructure, food, employment, and the environment.

### **SOMARC Objectives**

- Support and enhance the role of that segment of the private sector involved in contraceptive commodity marketing and distribution through a range of organizational, training and advertising and promotion efforts;
- Continue facilitating the transition of contraceptive social marketing to an open market, private sector effort that must move forward without previously available USAID-donated contraceptives marketed at subsidized prices.

### **Year I Accomplishments (1993)**

After the termination of support in December 1992 to the Contraceptive Social Marketing Project (CSMP) by USAID due to legal problems, SOMARC met the challenge of re-opening the private sector by assessing private sector pharmaceutical distribution capability, issuing an RFP to eight selected companies, selecting a two-company consortium to serve physicians and pharmacists, and placing USAID-donated contraceptives (732,000 IUDs, 3.6 million Norminest oral contraceptive cycles, and 28 million New Golden Tops condoms) back on the Egyptian market by early December 1993.

- To support the marketing and distribution effort, SOMARC issued an RFP and selected a Cairo advertising agency to announce the market re-entry.
- Achieved 1,091,874 sales of Golden Tops Condoms.
- Achieved 57,789 IUD sales
- Achieved 492,471 sales of Norminest oral contraceptives.

### **Year II Accomplishments (1994)**

During 1994 SOMARC undertook the dual task of directing and monitoring sales of USAID-products through the consortium, and facilitating the transition of contraceptive marketing to the private sector.

- Conducted a "mini-launch" advertising and promotion campaign to support market re-entry during the first quarter;
- Gained approval for price increases for USAID-donated contraceptive commodities to prepare consumer for free market prices;
- Acted as facilitator for contact between American and Egyptian companies in continuing availability of CuT 380A in Egypt after 1995.
- Achieved sales of 14,095,080 condom sales.
- Achieved 546,662 IUD sales.
- Achieved 1,820,229 oral contraceptive sales.

### **Year III Accomplishments (1995)**

In 1995 SOMARC continued the successful marketing and phase-out of USAID-donated contraceptives and provided continuing support to the private sector transition of all three products. In addition, SOMARC provided significant support for the private sector introduction of the injectable, a new method category.

- Worked closely with the manufacturer and Egyptian companies to continue the availability of Norminest OC after 1996;
- Saw the introduction of new CuT 380A's to the Egyptian private sector, as well as price reductions in other IUDs to make the product more affordable to the consumer-- both the result of SOMARC facilitation efforts.
- Achieved 10,352,518 condom sales.
- Achieved 115,813 IUD sales
- Achieved 290,817 oral contraceptive sales.
- Achieved 76,201 contraceptive injectable sales.

### **Year IV Accomplishments (1996)**

The beginning of the calendar year marked the depletion of the remaining stocks of CuT 380-A IUDs and New Golden Tops condoms by June. Because of its 10-month absence from the market, Norminest was the exception with stocks as of January 1 projected to be completely sold by September.

During 1996, SOMARC assisted USAID to develop a short- and long-term strategic plan to further facilitate the transition of contraceptive marketing to the private sector. SOMARC also monitored the CSMP marketing efforts; continued assistance in the transition of Norminest to the private sector; worked to ensure close coordination between the CSMP and the Private Sector Initiative (PSI) component of the Population III Project Consortium; and met with senior GOE population leadership. Furthermore, SOMARC met with key PSI personnel to arrange and coordinate the participation of contraceptive marketing companies at the PSI pharmacists' and physicians' training sessions with exhibits and print material for distribution to session participants. The goal was to familiarize the participants with the full range of contraceptives available to them.

**Sales**

Product	1993	1994	1995	1996
Condoms	1,091,874	14,095,08	10,352,51	
IUDs	57,789	546,662	115,813	
Oral Contraceptives	492,471	1,820,229	290,817	
Injectable			76,201	

## **EL SALVADOR**

Awareness of contraceptive methods in El Salvador is very high 98% of women of reproductive age know at least one method, the most common methods being female sterilization (93%), oral contraceptives (91%) and condoms (93%). According to the FESAL 93 prevalence survey, total contraceptive prevalence among women of reproductive age is 33.8%. The prevalence rate has increased notably in the past few years, due primarily to temporary methods. Between 1988 and 1993, the use of permanent methods varied from 30.2% to 31.9% and the use of temporary methods varied from 16.9% to 21.4%. The most commonly used methods are female sterilization (31.5%), oral contraceptives (8.7%) and injectables (3.6%). From 1988 to 1993, injectables boasted the largest growth in prevalence (from 0.9 to 3.6%).

In El Salvador, the three most important sources of contraceptive methods are the Ministry of Health (48.9%), the Asociación Demográfica Salvadoreña (ADS), the local family planning association (FPA) (15.3%), and the Institute for Social Security (14.5%). Private drugstores, approximately 1,300 throughout the country, provide consumers with 26.7% of pills, 39.8% of injectables and 57% of condoms. With a population density of 240 people per square kilometer, El Salvador is the most densely populated mainland nation in Latin America.

### **USAID Objectives**

- Improve the quality of both health and education and stabilize the population growth. Decrease the rate of population growth and fertility and mortality levels in El Salvador.
- Promote greater contraceptive prevalence and increase coverage for reproductive health care programs.
- Increase nationwide accessibility to modern contraception methods, especially in rural areas.
- Assist NGOs that provide reproductive health services to achieve financial sustainability and phase out donor assistance.

### **SOMARC Objectives**

- Promote the correct and continued use of contraceptive pills, especially the low-dose pill through ADS.
- Promote the correct and consistent use of condoms through ADS.
- Promote and increase the use of family planning, reproductive health and overall health services offered by ADS, the NGO that developed the CSM program.
- Assist ADS in increasing its revenue generating capacity and its financial and managerial sustainability through its social marketing program.

### **Year I Accomplishments (1993)**

During Year I, SOMARC's role in El Salvador was limited. SOMARC assisted ADS with a revision of its marketing strategy and proposed a new distribution system and a technical assistance plan.

### **Year II Accomplishments (1994)**

SOMARC conducted a broader assessment of ADS' social marketing program in El Salvador. As a result of the assessment, SOMARC proposed a technical assistance plan, which was presented and agreed to by USAID/El Salvador for implementation in 1995.

### **Year III Accomplishments (1995)**

In 1995, SOMARC assisted ADS in introducing the sale of condoms in convenience stores at Shell gas stations and introducing Contempo, a line of premium price condoms, to the Salvadorian market. SOMARC also helped ADS modify the packaging design for Condor and Panther condoms in order

to reduce costs without affecting product quality perception. SOMARC readjusted the price of contraceptives by segmenting the target market into condoms and orals and improving ADS' margins. Additionally, SOMARC created a new package for Duofem, an oral contraceptive that replaced the high-dose OC Noriday.

- Achieved sales of 1.6 million condoms from eight commercial and two social marketing brands. Sales of 1.1 million of the social marketing brand condoms, Condor and Panther, represented 69% of ADS' total condom sales.
- Achieved sales of 378,000 oral contraceptive cycles. Sales of Perla, the social marketing brand, represented 85% of ADS' total sales.
- Created a new brand name and package for the substitution of the oral contraceptive Noriday by Duofem, sold under the Perla brand name.
- Addressed credit problems created by overdue payments from debtors.

#### **Year IV Accomplishments (1996)**

Technical assistance in 1996 emphasized managerial and organizational issues, as the need for a readjustment was evident. These issues had to be addressed prior to the start of promotional activities to increase sales. Despite these managerial and organizational issues, contraceptive sales were similar to 1995 levels and income increased slightly.

- Helped design a management information system (MIS) for the CSM department.
- Developed new administrative procedures and a sales management system for the CSM project.
- Evaluated the impact of promotional activities in order to reorganize promotion investment properly.
- Developed a marketing plan that included financial objectives.
- Achieved sales of 1.57 million condoms, of which 1.07 million were social marketing brands.
- Achieved sales of 388,000 oral contraceptive cycles. Sales of Perla represented 87.4% of ADS' total sales.
- Updated client database. ADS sold directly to over 600 clients.
- Trained the ADS marketing staff.

#### **Year V Accomplishments (1997)**

By the end of Year V the new administrative procedures and MIS were fully in place. This situation allowed for the smooth implementation of promotional activities to increase product sales and to substitute the high-dose OC, Noriday, with the low-dose OC, Duofem. ADS' own brands were also positioned to target specific market segments. Finally, as part of the modernization of the sales structure, ADS' sales people participated in a one-week workshop on sales techniques.

- Launched New Perla OC (Duofem) in substitution of Perla (Noriday).
- New Perla sales increased to 380,000 cycles. Total OC sales reached the record level of 430,000.
- Started promotional activities to increase condom sales.
- Started communications activities for brand positioning in mid-1997.
- Achieved sales of condom 1.95 million. Panther and Condor sales were 1.26 million units.
- CSM project generated a net income of over US\$ 80,000.
- Conducted training for sales force.

#### **Year VI Accomplishments (1998)**

In 1998, SOMARC solidified the marketing actions that started in 1997 and launched a new condom, Piel, to the local market. Piel is the very first premium brand owned by ADS. The launch of the Piel condom is part of the strategy to increase ADS' CSM net income and decrease ADS' dependence on current commercial providers. In addition, a new package was designed for both Condor and

Panther condoms to update their image in the new positioning context. SOMARC helped extend a marketing capacity to other areas of the organization by providing a one-week Services Marketing workshop to all the FPA staff, including clinics and Hospital directors.

- Piel premium brand condom introduced to the Salvadoran market.
- New packages designed for Condor and Panther condoms.
- Services Marketing workshop held in El Salvador.
- Developed plan to enter new distribution channels, such as supermarkets and convenience stores
- Condom sales for 1998 projected to reach 2.4 million.
- OC sales projections are to sell 450,000 cycles at the end of 1998.

### **Sales**

<b>Product/Method</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Condoms	1,596,981	1,557,006	1,949,571	2,400,000
Pills	377,484	387,923	431,592	450,000

## **GHANA**

Although Ghana was the first country in Africa to establish a Population Policy in 1960, a lack of political commitment to the goals of the policy resulted in continued population growth of approximately 3% per year.

In 1992, the Family Planning and Health Project (FPHP) USAID's bilateral agreement established The Ghana Social Marketing Foundation (GSMF) as the local entity responsible for the management and implementation of the social marketing program. The goal under FPHP was to increase contraceptive prevalence to 15% by 1996 primarily through an increase in the use of the social marketing products - orals, condoms and vaginal foaming tablets. FUTURES managed the bilateral project and developed the institutional capability of GSMF to implement the social marketing initiative .

In 1995, the third USAID bilateral project, Ghana Population and AIDS project (GHANAPA), was established with the goal of increasing prevalence to 20%, expanding long-term method use and shifting the burden of service delivery from the public to the private sector. GSMF was directly funded to manage the development and implementation of private sector family planning service delivery, with field support funds provided to SOMARC III for technical assistance to GSMF.

### **USAID Objectives**

- Reduce the burden on the public sector to provide family planning services by expanding the delivery of family planning services through the private and NGO sectors. Specifically by the year 2000, the public sectors share of market would be reduced to 40 percent for short term methods and 75 percent for long term methods.
- Improve the sustainability of family planning service delivery by vesting in the institutional development of GSMF and other local NGOs providing family planning services.

### **SOMARC Objectives**

- Transfer technology and skills to GSMF to enhance the institutional capacity to develop and manage a cost effective social marketing initiative and to achieve total sustainability (excluding commodity supplies) within ten years.

### **Year I Accomplishments (1993)**

- The social marketing program was managed directly by the FPHP. SOMARC was not directly involved.

### **Year II Accomplishments (1994)**

- The social marketing program was managed directly by the FPHP. SOMARC was not directly involved.

### **Year III Accomplishments (1995)**

SOMARC training activities were extensive in 1995. SOMARC provided training in research analysis and report writing for the GSMF staff and selected local research institutions. Additionally, SOMARC provided technical assistance and training for the development of public relations plans, implementation strategies and media relations. SOMARC assisted in the formulation of a strategy to implement an endowment fund for GSMF as part USAID's sustainability strategy. SOMARC also assisted in the development of new initiatives to donors other than USAID as part of GSMF's sustainability goals.

- Provided administrative and management training for the GSMF Financial Manager and Administrative Manager.
- Provided social marketing training for three GSMF technical officers. This included a study tour of SOMARC social marketing programs in Columbia and Jamaica.
- Provided sales training for the staff of three distribution organizations subcontracted by GSMF for the social marketing program.
- Established computer network system for GSMF and marketing organizations to improve management information systems.
- Provided technical assistance for the development of marketing strategies for long-term methods.

#### **Year IV Accomplishments (1996)**

In 1996, SOMARC provided:

- Technical assistance for the installation of computerized network system;
- Technical assistance in research analysis and report writing;
- Technical assistance for the development of marketing and implementation strategies for the promotion and sales of long-term methods; and
- Management training for Managing Director and Finance Manager

#### **Year V Accomplishments (1997)**

In 1997, SOMARC helped to prepare strategic marketing plans and refine management plans to address the condom market as a specific input to the development of the strategic marketing plan. GSMF also received SOMARC assistance to conduct a psychographic/lifestyle survey and to analyze retail check results.

- Provided management training for Managing Director and Head of Technical Operations
- Provided technical assistance in research analytical skills for Research Coordinator
- Provided technical assistance for private physicians as service providers of FP services
- Provided management training for Head of commercial department and Human Resource Manager
- Provided technical assistance in data analysis and rectification of Easeval software problems

#### **Year VI Accomplishments (1998)**

Technical assistance continued in 1998 as SOMARC helped the GSMF Research Coordinator on the analysis of Psychographic study data. Additionally, progress was made on the results framework and the evaluation plan.

- Provided Management training for Adolescent Program Manager, Corporate Marketing Manager, Managing Director, Finance Manager and Head of Technical Operations
- Provided technical assistance in the review of pharmacy and chemical shop listings

## **GUATEMALA**

Prevalence of contraceptive methods is lower in Guatemala than in any other country in Central America. Total prevalence is slightly over 30% among married women of reproductive age and has not grown significantly in the last three years. The prevalence of OCs increased only .1% (from 3.8% to 3.9%) between the 1987 prevalence study and the 1995 prevalence study. In contrast, condom prevalence increased from 1.2% to 2.2% in the same period. This indicates that the burden of prevalence relies on long term methods, primarily surgical sterilization.

In Guatemala, there are many organizations that offer contraceptives, but IPROFASA is the only social commercial distributor that sells four different methods (condoms, pills, injectables and vaginal tablets).

### **USAID Objectives**

- Improve the quality of both health and education, and stabilize the population growth. Decrease the rate of population growth as well as fertility and mortality levels in El Salvador.
- Promote greater contraceptive prevalence and increase coverage for reproductive health care programs.
- Increase nation-wide accessibility to modern contraceptive methods, especially in rural areas.
- Assist NGOs that provide reproductive health services to achieve financial sustainability and phase out donor assistance.

### **SOMARC Objectives**

- Design and implement a sustainability plan.
- Establish a financial methodology based on the contribution approach, i.e., IPROFASA is able to analyze each product's contribution to the organization's profitability.
- Support the definition and implementation of market segmentation strategies as part of the income generation and commodities substitution strategies.

### **Year I Accomplishments (1993)**

During Year I, SOMARC's role in Guatemala was limited. SOMARC helped IPROFASA invite organization staff to financial and marketing regional workshops.

### **Year II Accomplishments (1994)**

SOMARC conducted an in-house retreat to start the financial analysis process. In addition, a design for a retail audit was prepared and its first phase was fully implemented. The communication process was reviewed and as a consequence, advertising activities were redesigned. At the end of the year, every new product had a marketing plan.

- Designed retail audit.
- Implemented first phase of retail audit.
- Reviewed communications strategy.
- Re-designed advertising.
- Prepared marketing plans for new products.

### **Year III Accomplishments (1995)**

SOMARC continued market segmentation activities and other activities, such as new product introduction, aimed at improving IPROFASA's sustainability. Additionally, a 1995-2000 sustainability plan was developed and the very first contingency actions were taken.

- Introduced a premium brand condom to the Guatemalan market.
- Launched the Cyclofem injectable contraceptive onto the market.
- Delivered retail audit reports.
- Implemented promotional activities for brand positioning.
- Developed five-year sustainability plan.
- Started cost control activities.
- Made price adjustments.

#### **Year IV Accomplishments (1996)**

In 1996, SOMARC helped continue the implementation of the sustainability plan. As part of this plan, new products were introduced to the market; cost control activities continued; product promotion was developed; and simultaneously, products were redesigned and old formulas substituted. SOMARC reviewed the sustainability plan and build a financial model.

- Introduced Ipros product line, intended for revenue generation, to local market.
- Launched Scudo one's package onto the market.
- Substituted Old Perla OC with the New Perla low-dose OC.
- Substituted the Iproday OC with a product manufactured by a Chilean pharmaceutical company.
- Lirio Vaginal tablet donations came to an end.
- Started cost control program.
- Initiated promotional campaign for Scudo Oro.

#### **Year V Accomplishments (1997)**

In Year V, IPROFASA had a marketing plan in place. With SOMARC assistance, two new non-contraceptive products were introduced to the local market, the market audit was finished and the financial model for planning was partially updated.

- Introduced Sico premium brand condoms to the local market. This brand is intended to provide financial support.
- Launched product line for hormonal replacement therapy onto the local market.
- Delivered last report of the marketing audit.
- Developed a strategic marketing plan for Iprofasa.
- Updated the financial decision model.
- Re-started medical detailing visits to promote new products and hormonal contraceptives.

#### **Year VI Accomplishments (1998)**

In 1998 SOMARC continued providing TA to Iprofasa in two products, "New Perla" OC and Scudo condom. Promotional activities as well as economic analysis were performed for the decision making process. The up dating of the financial model continued and a draft plan to start activities in the telemarketing area was put in place. Market position of Iprofasa's brands is more solid than in the previous three years.

## **HAITI**

From 1989 to 1996, SOMARC provided technical assistance to Haiti for the social marketing of contraceptives. SOMARC technical assistance was given primarily through two local organizations: Commerce S.A., a pharmaceutical distributor and subsequently through Sante Plus, an NGO. In 1994, technical assistance was suspended due to the unstable political situation. SOMARC launched a commercially-sourced oral contraceptive, Minigynon, in 1989 that remained on the market at a relatively low cost throughout the project's lifetime. SOMARC altered its strategy to include two donor-sourced products to the program in the mid-1990's when political upheaval led to substantial unemployment. Both the Pilplan oral contraceptive pill and Confiance Injectable contraceptive were introduced in 1996. In December of 1996 SOMARC ceased working in Haiti when project funds were depleted. SOMARC provided transitional assistance to Sante Plus through an agreement with Population Services International.

### **USAID Objectives**

- To increase availability and effective use of quality family planning and reproductive health services.

### **SOMARC Objectives**

- Launch two new donated products, Confiance injectable contraceptive and Pilplan oral contraceptive, through commercial sector pharmacies and clinics.

### **Year I Accomplishments (1993)**

SOMARC launched Minigynon, a low dose oral contraceptive pill in 1989. Minigynon was commercially-sourced, and as a result, continued to be made available during several years of political unrest, including 1993.

### **Year II Accomplishments (1994)**

SOMARC was not active in Haiti in 1994 due to political unrest and economic sanctions.

### **Year III Accomplishments (1995)**

SOMARC returned to Haiti in 1995 to provide technical assistance to an earlier social marketing program featuring Minigynon oral contraceptive pills. During this time, SOMARC began preparations for the launch of DMPA, including development of its marketing plan, training, and development of a brand name and packaging.

### **Year IV Accomplishments (1996)**

SOMARC launched two donated contraceptives, Confiance injectable contraceptive and Pilplan oral contraceptive. SOMARC assisted Sante Plus in successfully soliciting funding from UNFPA to conduct a training program for midwives, pharmacy assistants, doctors and pharmacists. Over 600 providers were trained nationally. SOMARC/USAID funds were used to create awareness through a mass media advertising and public relations campaign and to subsidize distribution costs.

**Sales**

<b>Product/Method</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>
Confiance Injectable				4,880 (TFG) 708 (PSI)	21,071 (PSI)
Minigynon	44,765	43,815	68,091	50,717 (TFG) 4,068 (PSI)	48,806
Pilplan				3,225 (TFG) 1,212 (PSI)	16,833

## **HONDURAS**

Honduras, with a population of 5.4 million inhabitants (urban-rural ratio is 44.4%: 55.6%) and a growth rate of 2.7% per year, is the fourth poorest country in Latin America. The per capita GDP is US\$ 673. Over 65% of the population live below the poverty line and 47% of the population is under the age of 15. Infant mortality is between 4% and 5%, and malnutrition is chronic among 40% of preschool children. There is one hospital bed per 818 persons and one physician per every 1,586 persons. Literacy is 73%.

Among women in union, contraceptive knowledge is almost universal, however, use is not that high. In 1996, 50% of women between the ages of 15 and 44 and in union used contraception (up from 40.6% in 1987), although only 41% were devoted to modern contraceptive methods.

In Honduras, USAID provides support to both the public sector and NGOs. The public sector provides 34.8% of family planning services. In contrast, the Honduras Family Planning Association (ASHONPLAFA) provides, directly or indirectly, 60% of family planning services in Honduras. ASHONPLAFA is by far the largest provider of female sterilization services and is the second largest IUD insertion provider. ASHONPLAFA also sells condoms and OCs to pharmacies through the Social Marketing Program.

### **USAID Objectives**

USAID's strategic objective is Improved Family Health. Specific objectives include:

- To reduce infant and maternal mortality, malnutrition and fertility.
- To halt increase of HIV seroprevalence by improving service delivery and increasing the use of services for reproductive health, child survival and prevention of sexually transmitted diseases.
- Increased cost recovery, quality of care and sustainability of organizations involved.

### **SOMARC Objectives**

- Improve and strengthen the marketing and distribution of CSM products.
- Assist ASHONPLAFA in increasing its revenue generating capacity and its financial and managerial sustainability through its social marketing program.
- Promote the correct and continued use of contraceptive pills, especially the low-dosage pills, through ASHONPLAFA.
- Promote and make condoms affordable for the C and D socio-economic classes.

### **Year I Accomplishments (1993)**

During Year I, SOMARC provided technical assistance to ASHONPLAFA in finance for marketing. SOMARC also analyzed the profit margin for products and set prices.

- Achieved sales of 259,000 cycles of pills.
- Achieved sales of 800,000 Guardian condoms.

### **Year II Accomplishments (1994)**

SOMARC started limited promotional activities and coordinated distribution through an external distributor. SOMARC helped launch a new high-end condom brand onto the market (Protector).

- Introduced Protector condom to the market
- Achieved Pill sales of 243,000 oral contraceptive cycles.
- Sold 700,000 condoms.

**Year III Accomplishments (1995)**

With SOMARC technical assistance, ASHONPLAFA carried out promotional activities. During this period, the CSM project did not have a director.

- Achieved sales of 890,000 condoms.
- Achieved sales of 300,000 oral contraceptive cycles.
- Retired Protector from the market.

**Year IV Accomplishments (1996)**

In 1996, SOMARC provided technical assistance that emphasized sustainability. Product profit margins were analyzed and prices were established to cover costs. Duofem registration procedures started to enable a future substitution of the Noriday high dose OC. SOMARC conducted visits to pharmacies to estimate the level of product presence in the local market.

- Designed profit margin analysis as well as a plan to increase prices gradually.
- Started Duofem registration procedure.
- Started Piel brand registration procedures.
- Sold 700,000 condoms.
- Achieved sales of 195,000 oral contraceptive cycles.

**Year V Accomplishments (1997)**

SOMARC conducted an assessment to determine the cause of the drop in sales in Year IV. As a result of this assessment, new promotional campaigns were designed and launched in late 1997. A logistic analysis was conducted in order to negotiate with the current distributor and new distributors were also incorporated into ASHONPLAFA's client portfolio. Furthermore, the Duofem registration was finalized in 1997. SOMARC held a services marketing workshop as part of the strategy to strengthen ASHONPLAFA's marketing capacity.

- Set prices covering costs for ASHONPLAFA's product portfolio.
- Accomplished Duofem registration.
- Pill sales dropped to 145,000 cycles once Norminest was retired from the market because product expired.
- Started promotional activities to increase condom sales.
- Began communications activities for brand promotion by the end of 1997.
- Condom sales dropped down to 600,000 units.
- Held Services Marketing Workshop in Copán with ASHONPLAFA staff.

**Year VI Accomplishments (1998)**

- Introduced Piel premium brand condom to the Honduran market. Sold 325,000 units during the first month.
- Designed new packages for the Guardian condom.
- Developed business plan to provide a managerial tool for marketing staff.
- Introduced New Perla (Duofem) OC to the market.
- Continued promotional and communication efforts.
- Condom sales projections for 98 are to reach 1.2 million of units sold
- OC sales projections are to sell 200 thousand cycles at the end of 1998

**Sales**

Product/Method	1993	1994	1995	1996	1997	1998
Condoms			879,840	697,536	600,000	1,200,000
Pills			299,760	193,584	145,000	200,000

## INDIA

By 1991, India's population had reached 865 million. The present annual growth rate is 2.1%. It took 65 years to double the 1901 population, but in the short span of the last 20 years it has increased by a further 60%. In general, except for 1911-1921, the population has been steadily increasing. The population of India is young, with nearly 40% consisting of children below 15 years of age. The progressive increase in the 15-59 age group poses a threat to the Indian economy. The overall gender ratio has been increasing with more males per 1000 females. The male to female ratio in 1991 was 1076:1000. India's population growth is largely influenced by fertility and mortality trends. The average fertility continues to be as high as 4.8.

Uttar Pradesh (UP) is SOMARC's area of operation. UP has the largest population of any state in India. If independent, it would be the 7<sup>th</sup> most populous country in the world. UP is estimated to have an overall population of 142 million, 20% of which resides in urban areas. Males outnumber females (917 females per 1000 males). Literacy rates for women are low (78% illiterate) and 89% of women do not work.

According to the UP 1992-93 National Family Health Survey (NFHS), the total fertility rate is 4.8 and the average desired family size is 3-4 children, reflecting a considerable gap between actual and desired fertility. According to this survey, 31% of women do not want any more children and another 26% want to wait at least two years before the birth of the next child. The knowledge of modern methods is less than universal among currently married women in U.P., with 65% knowing pills, 56% IUDs, 25% injectables, 67% condoms, 93% female sterilization and 88% male sterilization. Knowledge of sources for the contraceptive methods is far less. This survey further confirms that only 23% of married women of reproductive age have tried a contraceptive method, and only 19% are currently contracepting.

### **USAID Objectives**

The Government of India (GOI) and USAID embarked on a ten-year program to increase contraceptive prevalence in UP. The Innovations in Family Planning Services Project (IFPS) was created for achieving this objective. To achieve this purpose, IFPS project has three objectives:

- Increase access to family planning services;
- Improve the quality of family planning services; and
- Promote family planning among couples.

### **SOMARC Objectives**

As a partner and contractor for the IFPS project, SOMARC identified three objectives for contraceptive marketing in UP:

- Develop a high profile and positive image for products that enable family planning, reproductive health and the prevention of HIV/AIDS;
- Reduce barriers that would obstruct the acceptance of these products; and
- Provide education and training to the people actually providing services or selling products.

In 1994, SOMARC subcontracted two functional Indian organizations, Population Services International (PSI) and Parivar Seva Sanstha (PSS), which were already engaged in contraceptive social marketing in the urban and peri-urban areas of UP. SOMARC's purpose in subcontracting these groups was to:

- Use commercial networks to make family planning, reproductive health, and HIV/AIDS prevention products and services more affordable and available to low-income families; and
- Achieve some level of cost recovery.

**Year I Accomplishments (1993)**

During 1993, SOMARC had not yet initiated its program in India.

**Year II Accomplishments (1994)**

In 1994, SOMARC completed a secondary research review of UP, which included review and analysis of the contraceptive market, potential sources of CSM products, and attitudes of consumers to temporary and long-term family planning methods. A preliminary market research plan was developed and RFPs for baseline survey were issued. To map consumer and provider perception, a KAP study and consumer focus group discussion were arranged to explore attitudes toward currently available spacing methods, brand perceptions and barriers. SOMARC chose a research agency to conduct a retail store audit of the urban and rural market. A public relations agency was also short-listed to launch PR campaign for low-dose oral contraceptives in pilot districts in UP.

- Finalized subcontracts with PSS and PSI in November-December 1994.
- Achieved sale of 2,769,000 condoms and 16,200 oral contraceptive cycles in November-December 1994.

**Year III Accomplishments (1995)**

In Year III, SOMARC assisted PSI and PSS in selecting advertising agencies and developing brand-specific campaigns. SOMARC hired a research agency to conduct a baseline study for brand imaging/mapping and market segmentation. With the help of available research, advertising agencies of PSS and PSI were assisted in developing communication plans and media strategies. A shift in GOI's procurement policy disrupted availability of condoms and oral contraceptive products.

- Achieved sales of 18,605,000 condoms and 216,887 oral contraceptive cycles without much media or communication support and despite some stock shortages.

**Year IV Accomplishments (1996)**

During 1996, SOMARC launched a pilot public relations effort in UP to support the marketing efforts of PSS and PSI. Frequent stock outs from government sources of social marketing products disrupted sales, especially of condoms. In addition, the launch of new advertising was hampered by new TV restrictions on contraceptive advertising. Despite this, the two groups continued to increase sales in UP.

However, it became increasingly clear that the commercial contraceptive market held major opportunities for growth in the Indian market, while the subsidized market would always be limited by GOI logistics. Therefore, SOMARC developed alternative strategies for product promotion under the ICICI Program for Commercial Technology- Child and Reproductive Health project, funded by USAID.

- Launched public relations and advertising campaigns in UP
- Conducted assessment of contraceptive market in India
- Developed strategy for commercial contraceptive market growth in India under PACT-CRH program and proposed umbrella campaign for oral contraceptives.

**Year V Accomplishments (1997)**

A review of the sales accomplishments of PSI and PSS in UP led to the determination that the future of contraceptive marketing in UP should be based on the delivery of increased sales and

more rural distribution. Limited funding led to a decision to continue with only PSI and switch to performance-based contracting. In addition, it was agreed that expanded efforts would be required to meet IFPS objectives for contraceptive use.

On behalf of ICICI's PACT-CRH program, SOMARC negotiated with several oral pill manufacturers to join a project to expand distribution and promotion of oral contraceptives in India. It was determined that ICICI would provide generic promotion for pills, while partner brands would expand their distribution. SOMARC would assist with development of a communications campaign and training and detailing of chemists and doctors.

- Contracted PSI under performance-based measures for sales of pills and condoms in UP
- Developed and finalized MOU between Wyeth, ICICI and FUTURES for Oral Pill Program in 4 Northern India States
- Developed marketing strategy for pills, including RFP for communications agency

#### **Year VI Accomplishments (1998)**

During the final year of implementation, SOMARC assisted USAID in obtaining agreement from the GOI for funding of contraceptive social marketing activities in UP - an agreement held up for four years. This will lead to a major expansion in contraceptive marketing activities for the next five years of IFPS.

Sales continued under SOMARC through PSI for 1998, with plans to switch to competitive performance-based contracts for rural pill and rural condom marketing through SIFPSA management. Training was conducted for NGO staff in social marketing techniques.

Under the PACT-CRH project, a communications agency, Ogilvy and Mather, was selected and an integrated communications strategy developed for urban areas of North India. Qualitative research into contraceptive attitudes and barriers of pill use was used for development of media messages. A TV and magazine campaign, backed by extensive local and regional public relations activities, will support the intending temporary method user in her selection and proper use of low dose pills available in the market. A complementary chemist training and doctor detailing program also began in eight major urban areas. Qualitative research and monitoring systems are now in place.

- UP marketing plan and benchmarks in place (after years of non-resolution) for IFPS
- Integrated communications campaign developed for urban areas of four North India states
- Conducted training of 2500 chemists in oral pills.
- Conducted training of 1500 NGO CBD staff in social marketing

#### **Sales**

Product	1994	1995
Condoms	2,769,000	18,605,000
Oral Contraceptives	16,200	216,887

## **INDONESIA**

In 1994, the USAID Indonesia Health Sector Financing (HSF) project expanded to include a financially sustainable and replicable model for managed health care (JPKM). This project supports USAID Indonesia's Strategic Objective 2: "Sustained improvements in health and reduced fertility;" and the sub-objective for the Health Sector Financing results package: "Activities will promote sustainable financing of health services." In July 1996, the Mission asked SOMARC to provide technical assistance for the social marketing of JPKM.

As noted in the workplan, implementation of full scale marketing activities was contingent on the successful completion of several key structural adjustments in the JPKM program itself. Key among these: 1) A fully functioning management body, with appropriate management and administrative systems (i.e. MIS) [Current Status: Not yet achieved]; and 2) a pricing change in the current Puskesmas system to ensure that the JPKM premium is reasonable vis-à-vis the Puskesmas fee. [Current Status: Achieved. Price of Puskesmas visit increased from Rp. 300 to Rp. 900 this year]

Other events affecting the JPKM's development in Klaten include the dissolution of the JPKM's management body (Bapel). A new, privately run Bapel, Husada Bhakti Mandiri (HBM), was established by a group of local physicians. This Bapel promised to be more energetic in moving forward, but they lacked experience. Other events affecting JPKM's development were problems regulating compliance with JPKM standards and practices and the lack of an institutionalized regulatory body within the Ministry of Health, as pointed out in a report in July 1997 by Dr. Paul Torrens.

These circumstances made it impossible to commence with full-scale marketing activities of the JPKM – Klaten product. However a number of pre-launch activities were planned and implemented. A more detailed description of the completed activities and outputs follows

### **USAID Objectives**

- Sustained improvements in health and reduced fertility; and
- Promote sustainable financing of health services.

### **SOMARC Objectives**

- Improve the quality of service delivery and the image of the JPKM Managed Care Product in a financially viable and culturally appropriate manner;
- Support the Klaten JPKM Managed Care service provider network in its delivery of high-quality health care services to its members; and
- Increase membership in the Klaten JPKM managed care program by March 1998 to a level that will ensure sustainability within a potentially competitive private sector environment.

### **Accomplishments (1996)**

- During July 1996, an assessment was conducted in Klaten. This assessment provided up-to-date information on the potential constraints to a marketing effort. The most significant finding was that the product, JPKM-BBP, was not adequately defined to sustain a concerted marketing effort. This led to the SOMARC two-phase strategy: 1) increased consumer awareness of managed care while the government and private sector better defined the product; and 2) increased participation in the program once the product was better defined.
- A policy seminar, suggested by SOMARC, was held in Puncak in October to obtain consensus on the next steps for implementing the project. The key personnel from the regional and central level participated in this seminar.

- Focus Group discussions were held in Klaten in October and November 1996. These groups provided a great deal of information on consumer perceptions of managed care and identified constraints to use that marketing could overcome.
- In December, a field trip to Klaten was conducted to update the July assessment and to develop indicators and activities for the health care financing project. These indicators were the outputs of USAID Mission workplan team, which included Office of Health/USAID Washington and PHR staff. This contribution served to define the SOMARC role in relation to other inputs.
- Membership increased to 4,000

#### **Accomplishments (1997)**

- In February, the draft action plan was approved by the Mission.
- Preliminary meetings were conducted with the private sector partner, PT Jasindo. A MOU will be drafted that establishes the expected roles of both SOMARC and PT Jasindo.
- In April, SOMARC attended a one-day seminar on increased private sector involvement in the managed care field in Indonesia.
- MOH candidates were selected and sent for training in Social Marketing in June of 1997. While this training was valuable, it is not certain that these individuals will continue to have direct responsibility for JPKM programs within MOH.
- Membership increased to 6,000 active members.

#### **Accomplishments (1998)**

- SOMARC appointed an advertising agency, INOVASI, to assist in the development of a wide range of promotional materials and public relations activities that would bring information about JPKM to the relevant audiences.
- Local 7-minute video describing JPKM and demonstrating its value to consumers (for use at product launch and at seminars, leader gatherings and exhibitions). SOMARC provided the MOH with scripted dialog that could be taped by the Minister of Health as an introduction to "nationalize" the video.
- Consumer and provider research were conducted to identify strategies and test concepts,
- Promotional materials were developed and distributed to the Bapel.
- SOMARC conducted follow-up research in Klaten to determine product awareness and to gauge the attitudes and satisfaction levels of JPKM members, non-members, group leaders, participating providers and non-participating providers.
- SOMARC completed research on consumers and providers and presented results to USAID and the Ministry of Health (MOH).
- The JPKM-Klaten provider network expanded greatly this year, proving to be a great strength.
- Regional advertising campaign was carried out place, consisting of newspaper advertisements, radio ads, and a one-hour radio talk show/infomercials featuring participating JPKM physicians, entertainment, and listener call-in segments.

## **JAMAICA**

In Jamaica, contraceptive awareness is almost universal. Contraceptive prevalence moved from 62% in 1993 to 65.8% in 1997, with a decline in the total fertility rate from 3.0 to 2.8 births per woman over the same period. In its Strategic Plan for 1993-98, Jamaica's National Family Planning Board (NFPB) outlined the following objectives:

- reduce total fertility;
- increase contraceptive use (from 62% to 68% by the year 2000);
- reduce the unmet need for family planning;
- shift to long-term and permanent contraceptive methods;
- increase private sector participation in service delivery.

In an environment where 85% of consumers access primary health care from private sector sources, indications from the 1993 Contraceptive Prevalence Survey (CPS) pointed to the public sector as the source for family planning products and services. Jamaica currently has 280 pharmacies, most of which are in the Kingston Metropolitan Region, and other urban centers; and 460 doctors offering private services.

A wide range of oral contraceptive pills are available commercially. The Ministry of Health is formalizing reclassification of low-dose orals to restricted OTC status, which will allow brand advertising. In Jamaica, pills can only be sold in pharmacies and pharmacists must provide counseling. SOMARC worked with the NFPB to facilitate the reclassification and has approached the University of Technology to request the institutionalization of contraceptive technology training, which SOMARC provided to pharmacists in 1994 and 1995.

Depo Provera has traditionally been a method provided by the public sector. Since the launch of Personal Choice, an increasing number of doctors have started to stock the product. IUDs were generally considered by pharmacists to be high-priced items (retail US\$15-20) and were supplied to consumers only when pre-ordered. With the launch of the Personal Choice Copper T 380A IUD, pharmacists are able to stock small quantities at an ex-distributor price of US\$3.80. Vasectomies are traditionally performed by urologists in the private sector at very high cost to the patient (approximately US\$500). Male sterilization has been plagued with myths and misinformation and is not generally offered as a contraceptive option.

### **USAID Objectives**

- Increase the private sector role in contraceptive supply, at prices affordable to Jamaicans in the C and D socio-economic groups.
- Expand the national program to reach pockets of unmet need.
- Encourage a shift to long-term methods so as to reach fertility goals. The current method mix is predominantly pills and condoms.
- Address a number of legal, regulatory and policy barriers, which constrain the expansion of family planning services.

### **SOMARC Objectives**

The USAID-funded social marketing program, Personal Choice, is designed to expand the role of the private sector in family planning by fostering:

- An increase in overall contraceptive usage;
- A shift in the method mix from short-term supply methods to long-term contraceptive methods; and
- A shift in contraceptive product and service delivery from the public sector to the private sector.

SOMARC designed Personal Choice to stimulate demand for contraceptive products and services among the target market of current public sector users and new family planning acceptors in the C and D socio-economic groups. SOMARC provided technical assistance, market research, advertising, public relations and promotion, and resources for training and quality of care. All products and services were supplied and distributed by the private sector.

### **Year I Accomplishments (1993)**

During 1993, program design followed research into consumer attitudes and behavior throughout Jamaica. SOMARC negotiated agreements for the commercial supply of two low-dose pills, with Upjohn for Depo Provera, and with doctors trained in the no-scalpel technique of vasectomy. Subcontracts were negotiated with a local advertising agency, a management support organization, and a research company to undertake work in those substantive areas.

### **Year II Accomplishments (1994)**

SOMARC developed a marketing plan to guide the 1994/1995 activities based on Letters of Agreement that were negotiated for the supply and distribution of products and services. An integrated mass media campaign was designed and pre-tested to motivate trial among the target market. Contraceptive technology training took place for private physicians and pharmacists. With this training, SOMARC has supported the Ministry of Health requirement for reclassification of low-dose orals, that is, providing pharmacists with the skill to give counseling to their customers. SOMARC also negotiated with the Fair Trading Commission a waiver of its clause regarding anti-competitiveness. Personal Choice products were pipelined at the end of 1994 in anticipation of the communications launch.

### **Year III Accomplishments (1995)**

Media training was conducted in order to create a speakers' bureau on behalf of Personal Choice. Method-specific physician training was conducted in collaboration with participating distributors, as well as with professional medical associations. SOMARC sought collaboration with the USAID-funded Private Providers' Project in the area of training and creative development in the two pilot areas of that project.

In early 1995, SOMARC launched an integrated public relations and advertising campaign for the Personal Choice logo, low dose pills and the contraceptive injection. A public education program, supported by minimal print advertising, was piloted in Kingston and Montego Bay for the no-scalpel vasectomy. Speaking engagements were widely used for public education on the no-scalpel vasectomy as a contraceptive option.

- Achieved sales of 390,571 cycles of the low-dose pill.
- Achieved sales of 3,569 vials of Depo Provera.
- Personal Choice providers performed 14 vasectomies (only one performed by one provider prior to the Program launch in June 1995).

### **Year IV Accomplishments (1996)**

During Year IV, SOMARC began negotiations with a potential private sector distributor for the introduction of a commercially-sourced IUD, the Copper T380A, into the market. The price was about 60% below current commercial prices. A provider network was developed to support this method. With the NFPB no longer receiving donated supplies of IUDs, SOMARC's introduction of an IUD was timely. During this period, SOMARC gave heavy support to the contraceptive injection and continued physician training in this method. In addition, SOMARC undertook a distribution check and advertising tracking survey to provide feedback on consumer and provider attitudes and the geographic reach of Personal Choice.

- Achieved sales of 5,989 vials of Depo Provera.
- Achieved low dose sales of 464,978 cycles.
- Personal Choice providers performed 12 vasectomies.

#### **Year V Accomplishments (1997)**

During 1997, Personal Choice negotiated a subcontract with a research company to conduct a series of omnibus surveys measuring changes in awareness of Personal Choice and the participating methods. A subcontract was negotiated for the provision of public relations and advertising services to support all methods. An integrated communications campaign was developed, pre-tested and produced for the introduction of the Copper T380A IUD and for the expansion of the vasectomy program within the mass media. Packaging materials were also designed and produced for the IUD.

SOMARC sponsored the training of four additional physicians in the no-scalpel vasectomy technique. This brought the number of participating physicians to seven and broadened geographic access to the method. SOMARC also carried out training for the media, distributors' representatives and program spokespeople. The program conducted joint workshops with participating distributors.

- Achieved sales of 7,506 vials of Depo Provera.
- Achieved low dose sales of 437,373 cycles.
- Personal Choice providers performed 16 vasectomies

#### **Year VI Accomplishments (1998)**

The 1998 Marketing Plan guided activities that included IUD refresher training for physicians participating in the provider network and the launch of the IUD communications program. Expanded mass media activities for the no-scalpel vasectomy were also implemented. The program conducted a second distribution check and mapping study.

SOMARC launched a pilot program for physicians and pharmacists with a team of Personal Choice detailers in Kingston to highlight the participating products in the program. Additionally, a telephone helpline was set up to provide information on Personal Choice methods generated through advertising and public relations activities.

#### **Sales**

<b>Product/Method</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Oral Contraceptives		490,402	390,571	464,978	437,373	490,000
Injectables		424	3,569	5,989	7,506	10,500
IUDs						500
Vasectomies		4	14	12	16	30

## **JORDAN**

The overall purpose of the social marketing program in Jordan was to make a variety of high-quality contraceptive methods available through private sector channels at affordable prices to couples who choose to practice family planning. Among the products targeted for this project were low-dose oral contraceptives, IUDs, injectables and implants. At the request of the Government of Jordan/Ministry of Health and USAID/Jordan, SOMARC Jordan Birth Spacing Project (JBSP) in October 1992.

The JBS Project was restructured after a careful and thorough assessment of the project situation and needs. SOMARC was asked to implement the marketing and communications components of the restructured project because of SOMARC's extensive experience in similar contraceptive social marketing programs.

Jordan has a highly sophisticated commercial sector as does the Jordan economy. SOMARC was approved to manage the pilot project from January 1994 to July 1995. Limited preliminary tasks could be accomplished during this 18-month period, but if viewed as an initial success by the MOH and USAID, the project could be extended into a major long-term approach to increase the availability and use of modern contraceptive products and services in Jordan.

### **USAID Objectives**

- Increase the availability and usage of high-quality family planning products and services at affordable prices to middle and low income women (C and D socioeconomic groups) by capitalizing on the private sector to lay the foundation for future sustainability.

### **SOMARC Objectives**

- Use commercial methods and networks to make family planning, reproductive health and AIDS/STD prevention products and services more affordable and available to low income families;
- Increase contraceptive usage;
- Achieve self-sufficiency; and
- Create a contraceptive services delivery network of private sector practitioners.

### **Year I Accomplishments (1994)**

The first year accomplishments included obtaining USAID/AMMAN and Jordanian Ministry of Health's support of the project, writing the draft marketing plan; finalizing the acceptance of letters of agreement by Arab Supplies and Schering for oral contraceptives and G.M. Khoury for the IUD; appointing a resident advisor and opening the JBSP office; reviewing secondary research; and beginning bimonthly retail audits to monitor category sales movement.

- Pan Arab advertising campaign development began with focus group research conducted in Amman. Information obtained from these focus groups was used for the development of project logo, advertising and promotional materials.
- Physician training on DMPA began in late 1994 and continued into the new year.
- Training of trainers for contraceptive technology was conducted in Amman.
- Cubeisy was selected to manage and implement advertising activities.

### **Year II Accomplishments (1995)**

Personnel changes took place in early 1995, the JBSP office moved and was managed by a newly appointed project administrator. Contraceptive technology training sessions were conducted throughout Jordan (Amman, Karak and Irbid) for pharmacists and pharmacist

assistants. Training materials, consumer education materials, point of purchase materials, and publication materials were designed and produced using the new project logo.

In late 1995 promotional and public relations activities were officially launched and introduced the JBSP to the Jordan consumer. Promotional and public relations activities included provider receptions introducing Ob/Gyns and general practitioners to the JBSP and soliciting their support and involvement. It also included press debriefings with Arabic and English-language reporters to present the objectives and purpose of the JBSP, and a media photo opportunity. The JBSP soap opera, "Sarkha", which promoted the benefits and advantages of birth spacing, was well-received. Research projects were conducted on the Pan-Arab television spots, the promotional materials, JBSP logo, and viewers attitudes toward the soap opera.

- More than 800 pharmacists and their assistants were trained during the second and third quarter of the year.
- The marketing plan was approved by the Ministry of Health.
- Funding for the JBSP was extended through December 1996.
- A new resident advisor was named to head the JBSP.
- Femulen (mini-pill) was added to the JBSP products list.

### **Year III Accomplishments (1996)**

SOMARC continued contraceptive technology seminars and DMPA and contraceptive technology educational programs throughout Jordan. Approval was given by the Ministry of Health to air three of the Pan Arab television spots. Public relations activities continued with press coverage, television, and radio interviews on the project. A Dear Doctors column, sponsored by the JBSP, began to run in Arabic newspapers.

- More than 900 pharmacists and pharmacist assistants have participated in contraceptive technology seminars
- 300 physicians have attended DMPA and contraceptive technology educational programs.
- SOMARC continued work on the JBSP logo ad.

### **Year IV Accomplishments (1997)**

- Continued promotional and public relations activities.
- Continued training of pharmacists and pharmacists assistants in contraceptive technology
- Continued the weekly Dear Doctors newspaper column.
- Developed a low-literacy instructions for pill users, press kits for providers and journalists, and provider fact sheets on various methods.

### **Year V Accomplishments (1998)**

SOMARC continued promotional and public relations activities as well as the pharmacist training program. The JBSP advertising campaign increased consumer demand and increased providers' interest in supplying family planning services.

## **KAZAKHSTAN**

In Kazakhstan, as it is in most of the Central Asian Republics, the issue for SOMARC is primarily reproductive health and the traditionally heavy reliance on abortion as the primary means of fertility regulation. Abortion rates in urban centers nationally were as high as 1.97, as high as 3.04 in Almaty, and even higher for some urban groups of the population (DHS, Kazakhstan, 1995). Under the Soviet system, contraceptives were in short supply, particularly non-clinical methods. Additionally, misunderstandings about contraceptive methods of action, especially hormones, were pervasive. This was true not only among potential users, but also within the medical community.

With few exceptions, pharmaceutical supply and distribution was under the sole authority of the State Pharmacy system, Farmatsyla. Recently, the Farmatsyla system has been dramatically altered to open the market to private independent pharmaceutical retailers and wholesalers and to restructure Farmatsyla itself through formal privatization. Encouraged and supported by SOMARC, foreign pharmaceutical manufactures have begun to enter the market with high-quality western products, sold through local partner companies. Local pharmaceutical companies are beginning to distribute products on a national basis to retail pharmacies, both as wholesalers and as owners of pharmacy chains.

### **USAID Objectives**

- Demonstrate the viability of the commercial market as a supplier of health services, particularly the commercial distribution and retail sales of commercially supplied (non-USAID procured or subsidized) contraceptives;
- Improve reproductive health by reducing the reliance on abortion as the primary means of fertility regulation through the provision of non-clinical contraception.

### **SOMARC Objectives**

- Secure market entry agreements from international pharmaceutical manufactures to service the Kazakhstan market with contraceptive products, beginning with a three city pilot project;
- Secure distribution and retail sales agreements between local companies and international pharmaceutical manufactures;
- Develop a brand identity for the group of new, western-quality products being supplied commercially through an integrated communications program incorporating market research based advertising, public relations, sales promotion and special events;
- Support, develop and encourage the establishment of market-based, commercial pharmaceutical wholesalers and retailers as channels for commercial contraceptives;
- Establish a cadre of local supporters and proponents of the program to ensure it's long term durability, including building the institutional capabilities of local marketing service companies;
- Create a hospitable and supportive environment within the medical community for the use of modern contraceptives through training in modern contraceptive technology and quality service delivery.

### **Year I Accomplishments (1993)**

SOMARC conducted social marketing country assessments in Kazakhstan, Kyrgyzstan, Uzbekistan and Turkmenistan. SOMARC coordinated a conference among potential private partners based in the U.S. to explore potential for partnerships to develop the commercial contraceptive market in the CARs. SOMARC also initiated discussions with international contraceptive manufacturers regarding the potential development of the market in the CARs.

### **Year II Accomplishments (1994)**

SOMARC developed an implementation plan for the pilot marketing program in three regions: Almaty, Karaganda and Ust Kamenogorsk. The Training Director implemented Training of Trainers (TROT) for family planning service providers and commenced training of pharmacists and physicians. The Regional Manager established a social marketing Advisory Board in Kazakhstan. With the technical assistance of T Baugh & Company, the local public relations firm developed and implemented a public relations campaign inclusive of media training for key spokespersons. SOMARC also publicly launched social marketing activities in Kazakhstan.

One of the most critical achievements was the importation of oral contraceptives, condoms and injectables through the private sector. SOMARC worked closely with local firms to see that they succeeded in the distribution of oral contraceptives.

### **Year III Accomplishments (1995)**

Year III of the project was a culmination of the intensive training and technical assistance directed toward reproductive health care providers and local public relations and advertising firms respectively. Due to the overall improvement in contraceptive technology knowledge of pharmacists and doctors, consumers were better able to consult their health care providers and gain confidence in the contraceptive products available in the private sector. Local public relations and advertising firms were also technically capable of making the Kazakhstani public aware of the importance of contraceptive choice in advancing maternal and child health. Through an integrated communications plan, local communication firms fortified consumer demand for quality reproductive health services. In 1995, SOMARC was able to make concrete improvements in the distribution and availability of contraceptives.

- Expanded distribution of OCs to all three regions and added four additional brands to the Red Apple oral contraceptive product line.
- Achieved sales of 262,141 oral contraceptives in Kazakhstan.
- Began distribution of condoms as an addition to the Red Apple product line.
- Collaborated with USAID health care finance reform contractor, Abt Associates and USAID Small Scale Privatization contractor Carana Corp., to develop a plan for post-privatization support of pharmaceutical distribution and retailing through the creation of a franchiseable model pharmacy network.

### **Year IV Accomplishments (1996)**

- Phased expansion from original three city pilot market to limited national distribution coverage by Red Apple commercial partners.
- Led collaboration with three other USAID CAR contractors, Abt Associates – ZdravReform Project, Carana Corporation – Small Scale Privatization Program, and The Sibley Company, in the development of a Pilot Franchise Model program for the recently privatized retail pharmaceutical industry. 27 franchises established in Semi.
- New media plan developed and funded, which focused on National TV and Radio with newly produced local tagging to support the expansion efforts of SOMARC Red Apple distributors.
- Launched Red Apple radio call-in talk show.
- Completed monitoring research, focusing on sales and distribution in the three original SOMARC pilot sites, among services providers and users.

### **Year V Accomplishments (1997)**

- Continued national expansion of Red Apple marketing support through distributors with agreements for the supply of Red Apple products to over 250 stocking wholesalers.

- Developed new communication materials, including a series of TV and Radio ads addressing specific barriers to adoption and continued use of hormonal contraceptives, strategically based on data from research undertaken in 1996.
- Developed and implemented Quality Customer Service training program targeted to Red Apple distributors staff, commercial customers and retail pharmacists.
- Led collaboration with USAID CAR contractor Abt Associates and the ZdravReform program and contraceptive manufacturer, Gedeon Richter, to provide OC samples for distribution through physicians at ZdravReform pilot Family Group Practices in Semi and Zhegzagzhan, with referrals for subsequent cycles made to local Red Apple pharmacies.

### **Year VI Accomplishments (1998)**

The final year of SOMARC support for the Red Apple program resulted in several concrete accomplishments, as well as a major step forward toward achieving complete commercial sustainability for a majority of SOMARC piloted marketing activities. Local distribution partners have largely integrated contraceptives into their regularly stocked line of products and Red Apple brand OCs are found in almost all pharmacies throughout Kazakhstan. The major distributors are also adopting and funding standard marketing support activities introduced by SOMARC, like medical detailing to pharmacists and physicians, production and distribution of POS materials, and inclusion of contraceptives in the group of products receiving advertising support. Additionally, the national sample pharmaceutical retail sales monitoring study, piloted by SOMARC with local commercial research supplier, BRIF, has the potential for continuation on a regular basis through strictly commercial support. It will in all probability be added to the list of research products offered by the SOMARC subcontractor, BRIF Social Marketing.

- Achieved national, unsubsidized, commercial distribution of Red Apple-supported contraceptives through approximately 82% (1703 of 2066) of the pharmacies, in the 21 largest cities of Kazakhstan.
- Launched first-ever, national toll-free consumer information hotline. ***The RED APPLE Information Line*** is a commercial collaboration between two Kazakhstani pharmaceutical distribution companies, a satellite communications company and SOMARC. The hotline is designed to provide accurate, up-to-date information on reproductive health and contraceptives, 12 hours a day, 7 days a week, throughout Kazakhstan, free of charge.
- Executed national, integrated, mass media communications campaign supporting Red Apple products and partner distributors.
- Negotiated final MOUs with Red Apple commercial distribution partners transitioning key program marketing activities (communications (PR and Advertising), detailing, hotline) to over 50% private, commercial funding support.
- Piloted national sample retail monitoring system with SOMARC commercial market research subcontractor. Included GIS data presentation format, with high potential for commercial sustainability as a pharmaceutical distribution strategic market planning tool.
- Piloted pharmaceutical detailing system with Red Apple partner distributors to target physicians and pharmacists in five focus cities.

### **Sales Summary**

<b>Product/Method</b>	<b>1995 – 1998</b>
Oral Contraceptives	670,000
Condoms	120,945
Injectables	1,082

## **KYRGYZSTAN**

In Kyrgyzstan, as it is in most of the Central Asian Republics, the issue for SOMARC is primarily reproductive health and the traditionally heavy reliance on abortion as the primary means of fertility regulation. Under the Soviet system, contraceptives were in short supply, particularly non-clinical methods. Additionally, misunderstandings about contraceptive methods of action - especially hormones - were pervasive. This was true not only among potential users, but also within the medical community.

With few exceptions, pharmaceutical supply and distribution was under the sole authority of the State Pharmacy system, Farmatsyla. Today the distribution system is somewhat liberalized. In the past year and a half, private sector organizations have invested in the distribution of contraceptives for sale through a growing number of private pharmacies. Yet consumers accustomed to receiving reproductive health services through the public sector are generally unaware of the availability of supplies.

Thus there exists a need to create consumer awareness of the private sector as a source of family planning services and build the capability and credibility of the private sector to fulfill reproductive health service needs.

### **USAID Objectives**

- Demonstrate the viability of the commercial market as a supplier of health services, particularly the commercial distribution and retail sales of commercially supplied (non-USAID procured or subsidized) contraceptives;
- Improve reproductive health by reducing the reliance on abortion as the primary means of fertility regulation through the provision of non-clinical contraception.

### **SOMARC Objectives**

- Secure market entry agreements from international pharmaceutical manufactures to service the Kyrgyzstan market with contraceptive products;
- Secure distribution and retail sales agreements between local companies and international pharmaceutical manufactures;
- Develop a brand identity for the group of new, western-quality products being supplied commercially, through an integrated communications program developed in Kazakhstan and adapted for the Kyrgyzstan market. Incorporate market research based advertising, public relations, sales promotion, and special events into the program;
- Support, develop and encourage the establishment of market-based, commercial pharmaceutical wholesalers and retailers as channels for commercial contraceptives;
- Create a hospitable and supportive environment within the medical community for the use of modern contraceptives through training in modern contraceptive technology and quality service delivery.

### **Year I Accomplishments (1993)**

SOMARC conducted a social marketing country assessment. FUTURES coordinated a conference among potential private partners based in the U.S. to explore the potential for partnership to develop the commercial contraceptive market. SOMARC initiated discussions with international contraceptive manufacturers regarding the potential development of the market in the CARs.

**Year II Accomplishments (1994)**

SOMARC analyzed the feasibility of a social marketing intervention in Kyrgyzstan and conducted an assessment of private sector opportunities. The Training Director orchestrated training of trainers for family planning service providers.

**Year III Accomplishments (1995)**

SOMARC adapted Kazakhstan advertising and promotional materials for use in Kyrgyzstan and launched a mass media pilot campaign to support commercial contraceptive brands entering the market in late 1995. Development Associates completed nationwide training of pharmacists in modern contraceptive technology and quality service delivery and conducted nationwide training of physicians in injectable contraceptives and quality service delivery. SOMARC also implemented a program of media training for Red Apple spokespeople.

**Year IV Accomplishments (1996)**

- Marketing communications activities continued throughout the year. This work consisted mainly of the purchase of both TV and Radio advertising on national (republican) stations;
- Piloted both advertising and PR activities including, the distribution of Red Apple point of sale and informational materials to pharmacies and pharmaceutical distribution companies. In addition, SOMARC began working with distributors to encourage and support their purchase of Red Apple products from manufacturers;
- Kazakhstan Franchise Project extended work to include a distributor in Kyrgyzstan. Astron Company (one of the Red Apple participants). They received assistance from the SOMARC Franchise partner contractor, Sibley, to develop a program under which they standardize and document their business operations as a first step toward expanding their company through franchising. The development of a franchise manual, Sibley's primary objective, was completed in 1997;
- SOMARC continued to work with its local subcontractor, BRIF, in the development of research surveys for Kyrgyzstan based on similar surveys recently completed in Kazakhstan. This research consisted of both consumer and service provider surveys. Preparation for the field work was completed during this year, the field work itself was conducted in 1997.

**Year V Accomplishments (1997)**

- Franchising capability of selected Kyrgyzstan pharmacy established and Franchise Manual developed by Franchise project collaborator, Sibley;
- Consumer and service provider research completed and report submitted detailing opportunities for continued commercial and social marketing activities;
- Training program for physicians and pharmacists completed after training over 200 OB/GYN's and pharmacists.

**Year VI Accomplishments (1998)**

SOMARC was not funded for activities in Kyrgyzstan in 1998.

## **MADAGASCAR**

Madagascar, an insular country with 14 million people and 55 percent below the age of 20, is one of the few countries with a low AIDS prevalence rate. Epidemiological surveys on HIV and syphilis prevalence conducted in November 1995 among pregnant women, STDs clinics users and commercial sex workers (CSWs) in the capital town of Antananarivo and the two port towns of Toamasina and Toltary indicated that there are approximately 5,000 HIV-positive individuals. In November 1995, there were only 20 notified cases and an estimated 130 non-notified cases of AIDS. However, STDs rates among the population are high and it is estimated that 1 million Malgaches are at risk of HIV infection. Based on projections, it is estimated that HIV prevalence could reach approximately 15 percent of the adult population by year 2015.

According to the 1995 Demographic Health Survey, there is high unmet demand for family planning. Current modern contraceptive prevalence is low at 9 percent, an increase of 5 percentage points since the 1992 DHS. Although there are no reliable statistics about abortion, which is illegal, it is a well-known fact that abortion is often used as a family planning method. Knowledge of at least one modern method of contraception is 57 percent, with the injectables, oral contraceptives and female sterilization the most known methods. Twenty-five percent of women who know about a method did not know where they could obtain it. Among non-users, 36 percent declared their intentions of using a method within the year, 33 percent of married women planned to wait at least two years before their next child and 40 percent declared they did not want any more children.

There is an interest from the private sector to distribute and promote condoms. In addition, there is a significant potential with private medical providers to expand reproductive health service delivery.

### **USAID Objectives**

- Expand family planning service delivery and provide access to these services as quickly as possible.

### **SOMARC Objectives**

- Rapidly expand distribution and sales of condoms, injectables and oral contraceptives. The project will supplement the existing private sector with a project dedicated sales force; and
- Create consumer awareness for condoms, injectable and oral contraceptives.

### **Year I Accomplishments (1993)**

SOMARC did not carry out program activities in 1993.

### **Year II Accomplishments (1994)**

- SOMARC conducted an assessment to implement condom and oral contraceptive social marketing in Madagascar.

### **Year III Accomplishments (1995)**

The major focus during 1995 was to design specific interventions and make logistics arrangements for the start of the program:

- Conducted research to determine the acceptability of introducing the Protector condom campaign among Malagasy men and women.
- Selected an advertising agency to adapt the Protector condom communications campaign.

- Selected an implementing agency and designed a distribution strategy.
- Procured vehicles for the project.

#### **Year IV Accomplishments (1996)**

- Launched Protector Condoms
- Carried out communications campaign to promote condoms for family planning purposes and for AIDS/STDs prevention.
- Condoms distributed by both the existing commercial wholesalers network and by a Protector dedicated sales force.

#### **Year V Accomplishments (1997)**

- Continued communications campaign for Protector condoms.
- Expanded distribution network to include new points of sale, including bars, restaurants, nights clubs and gas stations.
- Conducted training for pharmacists and private physicians in contraceptive technology, counseling, infection prevention and referrals for complications.

#### **Year VI Accomplishments (1998)**

In terms of sales, the Madagascar social marketing program reached the level of 250,000 condoms a month two years from launch. Initially, condoms were available only in pharmacies and a few hotels. There are now more than 7500 points of sale, including grocery stores, bars, restaurants, night clubs, gas stations, military camps, beauty shops, art galleries and travel agencies. Over the course of the project, SOMARC trained 19 trainers, who in turn have trained 294 doctors, 23 pharmacists and 49 midwives as prescriptors for two contraceptive products.

## MEXICO

The rate of population growth in Mexico is currently less than 2%. Mexico's goal is to reach a population growth rate of 1% by the year 2000. Contraceptive prevalence in Mexico has increased from 30% in 1976 to 66.5% in 1995. Approximately 66% of contraceptive users in Mexico receive their services from a public sector institution. In recent years, the public sector has increased its role in the provision of family planning services, and the role of the private sector has decreased. Roughly 90% of the women served by government sources are using a clinical family planning method, i.e., voluntary sterilization or the IUD. The trend in recent years has been a gradual decline in pill use and rapid growth in sterilization. The decline in pill use is probably related to a number of factors: 1) the public sector's strong focus on long-term methods; 2) lack of information about oral contraceptives; and 3) high discontinuation of the method.

In Mexico, there are two associations that have played a major role in the provision of family planning and healthcare services over the last 30 years. These two agencies, the Fundacion Mexicana para la Planeacion Familiar (MEXFAM) and the Federacion Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario (FEMAP) are offering a wide range of healthcare services through their various community-based activities. USAID has been a major supporter; however, USAID phased out population assistance to these agencies in September 1998. As a result, these two institutions will need to achieve complete self-sufficiency in order to continue to provide their much-needed assistance to lower-income groups in Mexico. SOMARC has been assisting both agencies in services and product marketing, thereby helping their clinics to improve their marketing efforts in order to bring in more clients and more revenues.

### **USAID Objectives**

- Increase availability of quality family planning services in target areas.
- Increase demand for family planning services in target areas.
- Increase sustainability of family planning service delivery systems in target areas.

### **SOMARC Objectives**

- Strengthen the sustainability of MEXFAM and FEMAP through services and product marketing.
- Strengthen the marketing and distribution of oral contraceptives in peri-urban and rural areas in four of USAID's nine priority states through collaboration with Schering, CONAPO, MEXFAM and FEMAP.

### **Year I Accomplishments (1993)**

SOMARC initiated its technical assistance to MEXFAM in the area of services marketing in late 1992 through funding from the Hewlett Foundation. SOMARC assisted MEXFAM in conducting a strategic assessment of their two existing family planning clinics: La Villa and Neza. To better understand their future potential, SOMARC designed a three-dimensional market research study assessing the needs and satisfaction levels of current MEXFAM clients, potential MEXFAM clients and current clinic personnel. The research revealed that among these groups, awareness of MEXFAM and its clinical services as family planning service providers was low. The research also highlighted consumer demand and interest in other types of general health services. As a result, MEXFAM began to seriously consider the diversification of its services beyond family planning. This preliminary research influenced MEXFAM's next strategic step. As part of IPPF's Transition Project, MEXFAM developed a strategy to open several new clinics throughout Mexico to dramatically diversify its range of services and to develop the clinics as future revenue generators for the institution. Since marketing would be a key element in assisting MEXFAM to position itself as a service provider, SOMARC expanded its technical assistance in services marketing.

- Designed a three-dimensional market research study
- Helped MEXFAM to recruit and hire a full-time Marketing Coordinator to assist with clinical marketing activities.
- Assisted MEXFAM in the implementation of feasibility studies in Guadalajara, Valle de Mexico, Toluca, Queretero, and Tlaxtla Gutierrez. Feasibility studies helped analyze existing competition in medical services; determine services and specialties in greatest demand; investigate the profile of MEXFAM's target consumers; and identify alternative geographic areas suitable for the placement of clinics.

### **Year II Accomplishments (1994)**

During 1994, MEXFAM opened four clinics in Tampico, Veracruz, Guadalajara and Morelia through IPPF's Transition Project. SOMARC assisted MEXFAM in conducting additional feasibility studies in Tampico, San Luis Potosi, Veracruz, Uruapan and Morelia. By September 1994, MEXFAM had created a new marketing department. The Marketing Department complemented MEXFAM's other managerial departments, including administration, finance, planning and evaluation, medical quality, and technical services.

During 1994, SOMARC also began providing marketing assistance to FEMAP. The first activity was to assist FEMAP in the development of a centralized marketing capacity. Additionally, SOMARC assisted FEMAP in lobbying its 45 affiliates to convince them of the benefits of combined marketing efforts.

- Helped design, develop and test a new corporate logo to support MEXFAM's expansion into medical services.
- Helped develop a Corporate Identity Manual to guide MEXFAM in implementing its new logo and institutional colors consistently to create a strong, easily recognizable corporate identity.
- Helped recruit and hire a Marketing Director and Marketing Assistant.
- Helped FEMAP recruit and hire a full-time Marketing Director.

### **Year III Accomplishments (1995)**

MEXFAM opened five clinics in San Luis Potosi, Las Alamedas, Ixtaltepec, Naranjos and Monterrey. SOMARC assisted MEXFAM in continuing to develop a standard corporate image for the clinics. This included the adaptation of the exterior and interior of the MEXFAM clinics to ensure consistency with MEXFAM's corporate identity; selection of uniforms for all clinic personnel; and placement of appropriate signage outside the clinics ensuring that MEXFAM clinics were visible and could be located easily. As a result of these efforts, MEXFAM clinics are now considered to be among the most professional-looking NGOs working in Latin America.

In 1995, SOMARC also helped finance and develop FEMAP's new corporate identity. With SOMARC assistance, FEMAP modified its previous logo and developed an Institutional Identity Manual to assist FEMAP affiliates in the proper use of the national name and logo.

- Collaborated with MEXFAM on the development of a slogan to help raise awareness of MEXFAM's services among the target audience.
- Incorporated the MEXFAM slogan, "Personas Atendiendo Personas" or "People Serving People," into all of its marketing materials to support the image of the high-quality treatment received by clients from all MEXFAM staff.
- Work with FEMAP to develop a new Norms and Procedures Manual.
- Helped FEMAP implement a consumer profile study to better understand their clients seeking community, clinical and hospital services. These activities increased FEMAP's recognition at a national level.

#### **Year IV Accomplishments (1996)**

SOMARC collaborated with the Consejo Nacional de Poblacion (CONAPO), Schering, MEXFAM and FEMAP in the design of a pilot program to expand pill use in peri-urban and rural areas. The project was designed to expand pill distribution in communities with less than 7,000 inhabitants; improve the level of information and knowledge among pharmacists in these areas; and assist FEMAP and MEXFAM in transitioning to the use of commercial products for their community distribution networks. SOMARC also continued to assist MEXFAM in the design and implementation of various services marketing activities to increase the client base of the clinics.

With SOMARC assistance, FEMAP held a national meeting of its affiliates to present a new corporate image campaign. Throughout the year, SOMARC assisted FEMAP in the development of various new items to further strengthen FEMAP's visibility and national presence. These items included the development of an affiliate directory, an institutional video, FEMAP letterhead, exterior signs with FEMAP and local affiliate logos and uniforms with the national FEMAP logo for community health workers, and refurbishment of local affiliates with FEMAP's institutional colors and logo.

- Conducted a training-of-trainers for MEXFAM and FEMAP regional coordinators in November. Training was designed to improve knowledge of oral contraceptive technology, improve sales skills, and prepare regional coordinators to train pharmacists and pharmacy assistants on the major issues related to pill use.
- Helped MEXFAM test various promotional strategies, including local TV and radio advertisements, public relations events, flyers, visits to the community and outlying schools and development of service packages.
- Conducted services marketing workshop for all FEMAP clinic administrators to help improve their marketing of clinical services

#### **Year V Accomplishments (1997)**

In February, SOMARC conducted a services marketing planning workshop for all MEXFAM clinic administrators to review marketing and management principles. The workshop also provided clinic administrators with the opportunity to share lessons learned regarding marketing activities; develop service delivery and financial projections for 1997; and develop marketing plans. In addition, SOMARC assisted in the development of one of MEXFAM's first clinic-wide internal and interactive promotional strategies, called "Ponte la Camiseta." The "Ponte la Camiseta" promotion, which lasted for 3 months, was successful in reaching 67% of its services target and 164% of its revenues target. The promotion was instrumental in reminding MEXFAM administrators of the importance and potential of MEXFAM's own employees and community workers in increasing clinic services.

SOMARC focused its technical assistance to FEMAP on product marketing. SOMARC assisted FEMAP in the design and development of sales routes for the variety of commercial products being distributed through commercial networks. These activities allowed FEMAP greater accuracy in estimating and tracking the costs associated with product distribution to outlying areas.

- Assisted MEXFAM in the development of a corporate brochure designed to promote its medical services to large employers.
- Participated in MEXFAM's monitoring visits to all of the CSM clinics to review the status of marketing and communication activities.
- In April 1997, the Microgynon pilot project was launched. In the eight months following the launch, MEXFAM and FEMAP sold 25,000 cycles of OCs, distributed to 225 communities, sold to over 600 pharmacies and trained over 670 promoters.
- In collaboration with Schering Mexicana, helped FEMAP conduct a sales training workshop for over 60 Microgynon coordinators and promoters.

### **Year VI Accomplishments (1998)**

SOMARC helped MEXFAM design and conduct a follow-on services marketing workshop with the objective of reviewing results of 1997 marketing activities and plan for 1998 activities. During this recent workshop, each of the clinics analyzed their 1997 service statistics and generated income and compared the actual results with their projected targets. This workshop marked a milestone for MEXFAM clinic administrators in solidifying many of the marketing concepts utilized in earlier years. During the workshop, most clinic administrators demonstrated a much clearer understanding of the marketing process; the benefits of a marketing approach; the importance of monitoring and evaluation of marketing activities; and the importance of a quantitative review of clinic results. Following the workshop, SOMARC focused its services marketing technical assistance on monitoring and evaluation of marketing activities. As part of this effort, MEXFAM institutionalized a monthly reporting mechanism whereby clinic administrators report on marketing activities implemented, results obtained and lessons learned for all marketing activities.

SOMARC continued to monitor the activities of the Microgynon project. Due to poor results in pharmacist training, SOMARC designed two additional print materials to improve the consistency of information given to pharmacists. The materials were also designed to improve pharmacist utilization of the 16 oral contraceptive contraindication questions for new users, and to improve the quality of information given to consumers.

- Clinics developed service and financial targets for 1998 based on analysis performed in services marketing workshop; analyzed their installed capacity for 1997 and developed installed capacity targets for 1998; and each clinic developed a 1998 marketing plan.
- Assisted FEMAP in the development of promotional materials to support the launching of a new chain of pharmacies among FEMAP affiliates.
- Continued to provide technical assistance to FEMAP in the implementation of the Microgynon project.
- Conducted an operations research study, with funding from The Population Council, to gain understanding of access-related issues for women living in outlying areas. Research tested two different distribution philosophies: to what extent is it necessary to bring the product to the people versus to what extent can/will people bring themselves to the product.

### **Sales**

<b>Product/Method</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Condoms	1,622,740	816,960	852,430	948,530	827,350	
Oral Contraceptives					24,462	

## **MOLDOVA**

The reproductive health environment in Moldova is similar to that found in many of the former Soviet Republics. Most alarmingly, it is characterized by a high rate of abortion. Until recently, government-supplied IUDs were virtually the only choice in contraception. Compounding the situation was the poor quality of products and services, coupled with inconsistencies in supplies.

In 1995 and 1996, approximately 90% of the country's 500 pharmacies were privatized. At this time, the fledgling private sector was hampered by difficult economic times, distribution of free products as a result of humanitarian assistance, lack of creditworthiness with foreign suppliers and lack of business training.

In support of USAID's goals, SOMARC's aim was to help energize the emerging private sector (primarily the newly privatized pharmacies) to become more actively engaged in the provision of family planning products and services. These private sector development activities would help relieve some of the burden from the government, help establish a sustainable supply of contraceptives and help transfer marketing skills to newly privatized businesses.

### **USAID Objectives**

USAID's following three strategic objectives relate to the SOMARC program:

- Foster the development of a competitive market economy in which the majority of resources are privately owned and managed.
- Support the transition to transparent and accountable governance and the empowerment of citizens through democratic political processes.
- Strengthen Moldova's capacity to manage the human dimension of the transition to democracy and a market economy, and help sustain the neediest sectors of the population during the transition period.

### **SOMARC Objectives**

In support of USAID's overall objectives, SOMARC developed the following two programmatic objectives:

- To increase the availability of contraceptive products through the private pharmaceutical market in Chisinau.
- To improve the quality of customer service available in private pharmacies in Chisinau.

### **Year I Accomplishments (10/1996-9/1997)**

Year I activities consisted primarily of conducting an assessment, preparing a workplan, selecting appropriate local organization to work with and conducting baseline surveys.

- Conducted country assessment; prepared workplan; identified appropriate local partner organizations.
- Redesigned pharmacy training module—including both products (contraceptive technology) and services (marketing and quality of customer service) components.
- Conducted Family Planning Service Delivery Point Mapping Survey and KAP Pharmacist Baseline Survey in Chisinau.
- Selected 30 of the larger private pharmacies in Chisinau to participate in the social marketing program.

### **Year II Accomplishments (10/1997-9/1998)**

The centerpiece of this program involved training of pharmacists, followed by the monitoring and reinforcement of this training through repeated follow-up, on-site visits. Baseline and tracking pharmacy surveys showed a significant difference in knowledge and attitude measures of participating versus non-participating pharmacies. The survey results also showed improvements in the consistency of supply of low-dose OCs and condoms and in the availability of point of sale (POS) materials among participating pharmacies. In addition, SOMARC coordinated with Johns Hopkins University/Population Communication Services (JHU/PCS) in the implementation of a supporting mass media campaign. SOMARC participated in JHU/PCS' media launch ceremony, with media coverage of the pharmacy social marketing program.

SOMARC instituted a cost-sharing arrangement with local manufacturers' medical representatives for the development and printing of POS contraceptive brochures. SOMARC also secured free newspaper and television coverage of the pharmacies social marketing program and placed paid newspaper ads listing participating pharmacies. Furthermore, SOMARC institutionalized an incentive system whereby commercial pharmaceutical distributors regularly give awards to pharmacies based on sales or customer-service criteria. SOMARC also compiled a waiting list of approximately 30 additional private pharmacies wanting to receive (and willing to pay for) similar training in contraceptives and quality of customer service. Specific accomplishments include:

- Trained five local trainers in contraceptive technology and quality of customer service.
- Trained virtually all customer-contact staff, in contraceptive technology and quality of customer service, from 30 of the largest private-sector pharmacies in Chisinau.
- Conducted three rounds of follow-up, on-site training at the 30 participating pharmacies. All pharmacies continued to meet SOMARC standards and participate in the program, to complete marketing plans, to train all of their staff, and to maintain a consistent supply of low-dose OCs and condoms, and to prepare and distribute POS materials to customers.
- Monitored performance of participating pharmacies through three rounds of Mystery Shoppers. Results showed improvements in almost all areas of product knowledge and customer service.
- Put in place a distributor- and retail-level, self-reporting system for monitoring of OC and condom sales.
- Transferred training materials to Pharmaceutical Institute, which is now responsible for conducting initial and refresher training to certify pharmacists in Moldova.

## **MOROCCO**

The rate of demographic growth in Morocco is decreasing, from 2.6% in the 1970s to 2.06% in the mid-1990s (September 1994 CENSUS). In 1994, the population totalled 26,073,717. The fertility rate is also decreasing, from 4.2 children per woman in 1992 to 3.6 in 1995. The Contraceptive Prevalence Rate for modern methods was 42% in 1995 (CPR Survey conducted by MOH in 1995) and increased to 51% in 1997 (PAPCHILD 97: Preliminary Results).

Ten years of contraceptive social marketing financed by USAID and implemented by FUTURES has contributed heavily to the achievement of these results. However, it must be noted that 70% of modern method users are pill users, while only 10% are IUD users. Users of injectables are about 1% of all users of modern method (PAPCHILD 1997). The method mix thus shows a strong imbalance between pills and longer-term methods.

The MOH provides 65% of all services and more than 80% of those services related to the use of IUDs. MOH program contraceptives are free. The private sector provides 37% of all services, and these are primarily pill-related. These are largely distributed over the counter in pharmacies (32% of contraceptive services). Among private doctors, Ob/Gyns are the major service providers, but they are concentrated in major urban areas and are also expensive. Private doctors account for more than 70% of all health service provision in the country, but contribute only 4% to family planning services.

### **USAID Objectives**

- To increase the use and range of modern, high-quality contraceptives available and purchased through commercial channels at prices that are affordable to low-income couples.
- To introduce a culturally sensitive social marketing approach to the expanded use of modern contraceptives, beginning with the condom, followed by low-dose oral contraceptives and subsequently by long-term methods (injectables and IUDs).
- To improve Morocco's self-reliance in family planning by enhancing the private sector's role in meeting consumers' demand for products and services independent of USAID support.

### **SOMARC Objectives**

- To increase the overall awareness and usage of modern contraceptives, beginning with the condom and progressing to medium and long-term methods.
- To attain self-sufficiency of the social marketed condom within four years.
- To introduce a low-dose pill at a more affordable price to the public and subsequently achieve self-sufficiency.
- To expand the use of long-term methods with the introduction of a low-priced, high-quality injectable and IUD.
- To shift contraceptive users from public to private sources.
- To build up a cadre of well trained private physicians, pharmacists, nurses and other paramedics able to provide affordable family planning services/counseling.

### **Year I Accomplishments (1993)**

FUTURES began its social marketing activities in Morocco under SOMARC II with the introduction of the Protex condom in September 1989. Protex was the first brand of condoms to be nationally advertised. By 1993, the distributor, Promopharm, was in a position to take over the importation, packaging and promotion of Protex without further USAID funding. Meanwhile in 1992, SOMARC negotiated with Wyeth to lower the price of Minidril and with Schering to launch Microgynon at the same low price, so that both OCs could be introduced under the SOMARC project brand Kinat Al Hilal (Crescent Moon Pill). During 1993, SOMARC conducted extensive

public relations, mass media advertising and training activities on behalf of Kinat Al Hilal. During 1993, SOMARC also:

- Developed, tested, and aired new radio advertisements for Protex suggesting the use of condoms as a means of preventing STDs, including AIDS.
- Continued pharmacist training program in contraceptive safety and technology.
- Protex graduated (September 1993).

#### **Year II Accomplishments (1994)**

During 1994, SOMARC built on the early success of Kinat Al Hilal by developing and launching a second generation of Kinat Al Hilal TV and radio advertising. Meanwhile, the training of pharmacists was completed and extended to include pharmacy assistants. While emphasizing oral methods, the training covered all contraceptive technology and quality customer services. In addition, SOMARC began preparations for the introduction of long-term methods through market research studies aimed at consumers and service providers. SOMARC also began negotiations with the manufacturers for the procurement of commercial injectables and IUDs. In addition, SOMARC:

- Began discussions with professional associations and authorities on the establishment of affordable prices for private sector services.
- Achieved graduated sales of 2.2 million condoms
- Achieved sales of 1.5 million cycles low-dose pills

#### **Year III Accomplishments (1995)**

In 1995, SOMARC continued advertising support for Kinat Al Hilal and developed plans to help the program progress toward sustainability. Terms for the procurement and distribution of long-term methods were negotiated with the manufacturers, and a local advertising agency was selected to implement the marketing plan for the injectable and the IUD. During Year II, SOMARC:

- Negotiated terms with Upjohn/Roussel Diamant for the procurement and distribution of social marketing injectable, Depo Provera.
- Contacted Promopharm and FEI to work out distribution agreement for Copper T 380 A IUD.
- Worked with the JSI Private Sector Project to recruit and train General Practitioners in family planning services, including IUD insertion.
- Coordinated development of long-term methods logo and IEC materials with ACT (?), followed by pre-testing.
- Achieved graduated sales of 2.5 million condoms.
- Achieved sales of 1.5 million cycles low-dose pills

#### **Year IV Accomplishments (1996)**

During 1996, SOMARC continued advertising support for Kinat Al Hilal, which included a 50% financial contribution from the Return to Project Funds provided by the distributors. A distribution strategy was discussed with Pharmacia&Upjohn and promotional materials targeting service providers and consumers were developed and edited to support the launch of Hoqnat Al Hilal injectable (Depo Provera).

- Kinat Al Hilal graduated (December 1996)
- Launched Hoqnat Al Hilal in December 1996.
- Selected Famy Care, Ltd., through competitive bid process, to supply Copper T 380 A IUD in Morocco.

- Initiated contacts with paramedical distributors for IUD distribution and collected information regarding product registration.

### **Year V Accomplishments (1997)**

In 1997, Kinat Al Hilal started fully subsidizing mass media advertising. With the introduction of Lawlab Al Hilal IUD, SOMARC moved its program strategy toward the promotion of the "Al Hilal Choice of Contraceptives". The social marketing program was renamed Al Hilal program to strengthen the Al Hilal concept and label of high quality products and services at affordable prices. SOMARC made the liaison between Famy Care and Reacting (IUD distributor) and helped to achieve a commercial agreement. After a period of PR activities and service provider training for DMPA, the Al Hilal program started full-scale mass media advertising for Hoqnat Al Hilal in August 1997.

- Reacting S.A., an IUD distributor, was selected to import and distribute Lawlab Al Hilal.
- Started mass media advertising for Hoqnat Al Hilal in mid-August 1997.
- Developed a Marketing Plan and a Workplan for the IUD.
- Launched Lawlab Al Hilal in mid-November 1997.
- Initiated contacts and developed partnerships with 6 NGOs in 4 towns for IEC and information on affordable private sector services.
- Developed a micro-credit program to finance IUD insertions with the Zakoura Foundation.

### **Year VI Accomplishments (1998)**

A new Memorandum of Understanding was signed between SOMARC and Kinat Al Hilal distributors. For 1998, the distributors committed to provide 5% of gross sales to the RPF in exchange for technical assistance from the Al Hilal Program. Hoqnat Al Hilal is regularly increasing its market share and Lawlab Al Hilal is provided in doctors' offices, clinics and pharmacies by Reacting. SOMARC is simultaneously conducting a large-scale mass media campaign to support the Al Hilal program.

- Developed and pre-tested new TV and radio spots for Lawlab Al Hilal
- Started IUD mass media campaign in March 1998
- Trained NGO facilitators for IEC, referrals and micro-credits sessions
- By July 1998, more than 200 sessions were organized covering an audience of 1,574 women of reproductive age. The Zakoura Foundation provided 21 micro-credits (?) for an IUD insertion at a private office and accompanied 71 users to a public health center.
- Developed didactic support targeted toward doctors with the purpose of increasing knowledge and building capacity for side effects management related to the injectable and the IUD.

### **Sales**

Product	1993	1994	1995	1996	1997	1998
Condoms		2,200,000	2,500,000			
Pills		1,500,000	1,500,000			

## NEPAL

While Nepal has shown encouraging signs of progress towards reaching the government's health policy goals for the year 2000, continued strong support for family planning and maternal child health programs is still necessary. There remains a very large unmet need for family planning; a great number of gaps in family planning and maternal-child service delivery; and a large number of high-risk births.

Data from the 1991/92 Nepal Fertility, Family Planning and Health Survey suggest a strong and growing demand for quality family planning services. Mean desired family size has declined from 4.0 to 3.2 children since 1976 and the unmet demand for family planning is high. The survey estimated that approximately 1.1 million married women of reproductive age want to limit (51%) or space (49%) their next birth.

Currently, contraceptive prevalence is 24% among married women of reproductive age, with sterilization accounting for the majority (21%) and temporary methods making up the difference. With the strong demand for spacing methods, there is tremendous potential for modern temporary methods. Research has indicated that the recently introduced injectable is fast approaching sterilization as women's method of choice, though access has and continues to be a problem. To serve an expanding consumer market, Nepal is covered by a vast array of retail outlets, including over 12,000 pharmacies and many more general shops of various types. Many pharmacies have trained staff who provide for basic healthcare needs, including injections, so the potential to increase availability of the injectable contraceptives is promising. Although private physicians are few, the service quality is perceived to be higher than in the public sector and the potential for increased provision of family planning services through this channel is also quite promising.

### USAID Objective

- Increase the availability and use of quality voluntary family planning and reproductive health services in Nepal.

### SOMARC Objectives

- Enhance commercial distribution of condoms through aggressive marketing, distribution and promotion through all retail outlets, expanding beyond the traditional (pharmacy) network.
- Consolidate the current three pill brands to two by phasing out the current standard dose pill.
- Expand the current Sangini (DMPA) pharmacy program throughout Nepal, supported by national media promotion, quality of care training and monitoring of all Sangini retail outlets.
- Establish a sustainable Family Planning Services Marketing network that provides a range of affordable, quality reproductive health services through the private sector.

### Year I Accomplishments (1993)

SOMARC worked with its local implementing agency, Nepal CRS Company, to develop more aggressive marketing and distribution strategies combined with organizational development to achieve more effective and cost efficient marketing of condoms and pills. SOMARC also developed a comprehensive marketing plan for the planned launch of DMPA, locally branded as Sangini in the Kathmandu Valley through a small, well-trained and monitored network of 50 pharmacies.

- Achieved sales of 5.7 million units of condoms.
- Achieved sales of 300,000 units of low-dose oral contraceptives.
- Achieved overall CYPs of 87,344, the highest sales in the history of the Nepal CRS Company.

### **Year II Accomplishments (1994)**

SOMARC continued its efforts to develop the Nepal CRS Company as a cost effective marketing and distribution company, by providing training and technical assistance in financial cost-recovery, MIS, communications and research. Advertising and marketing efforts for condoms and pills were intensified with new advertising for both methods. Through an agreement with USAID's AIDSCAP Project, condom distribution and promotional activities for the prevention and control of HIV/AIDS in Nepal were initiated. In the fall of 1994, SOMARC and its partner agencies, Nepal CRS Company and Nepal Fertility Care Center (NFCC), launched DMPA through a pharmacy network pilot program in the Kathmandu Valley. Though sales were modest, the effort proved highly successful and plans were made for expansion.

- Achieved 7.2 million units of condom sales, an increase of 27%.
- Achieved sales of 400,000 oral contraceptives, an overall increase of 32%, with low-dose orals achieving an impressive 59% increase over the previous year, through more focused promotional efforts.
- For the first time in its history, Nepal CRS Company surpassed 100,000 CYP achievement, with an overall increase of 26% over 1993 to 110,270 CYPs.
- CRS self-generated revenues also achieved a record high 5.7 million Rupees, a 90% increase over 1993.

### **Year III Accomplishments (1995)**

During 1995, SOMARC expanded the successful Sangini pilot project to approximately 300 pharmacies, while also expanding the training and monitoring activities to ensure a high quality of care. Mystery client and user studies showed good counseling and high-quality service provision and very high client satisfaction. Discussions were also initiated with AVSC and NFCC to expand family planning service provision through private physicians.

- Achieved sales of 8.6 million units of condoms.
- Achieved sales of 383,300 units of oral contraceptives, with low-dose pills accounting for 43% share of pill sales, up from 36% share the previous year.
- Sangini (DMPA) program expanded to over 300 pharmacies, with sales of 11,221 vials.
- Total CYP achievement of 121,232.

### **Year IV Accomplishments (1996)**

1996 marked a year of crisis for the Nepal CRS Company as an attempt to reduce redundant staff through a voluntary retirement scheme was met with fierce resistance and political maneuvering. Ultimately, this resulted in the loss of the entire top management team. However, a new managing director was in place by the third quarter, and the organization quickly regained its footing. The internal turmoil at CRS did negatively affect sales and CYP performance. CYP achievement dropped 22 % from the previous year. The sales of Sangini, the injectable, which grew 64 %, and long-term clinical methods, offered bright spots in an otherwise dismal year for CRS. Meanwhile, SOMARC began to provide technical support for the marketing and promotion of the Pariwar Swasthaya Sewa Network (PSSN), whose purpose is to expand private practitioner involvement in family planning services provision. SOMARC's partners in the program are the NFCC, which manages and implements the PSSN program, and AVSC, which provides technical and financial support (through USAID). Another key partner is CRS, which supplies PSSN members with a full range of temporary contraceptive methods. The PSSN had 72 member providers in 1996.

#### **CRS**

- Achieved sales of 6,806 condoms.
- Achieved sales of 277,632 pills.

- Achieved sales of 31,422 injectables.
- Achieved sales of 1,277 IUDs and 130 Norplant.
- Total CYP achievement of 94,240.

#### **Year V Accomplishments (1997)**

The Nepal CRS Company marched to full recovery in 1997, although its sales of temporary family planning methods and CYP did not reach the historic highs achieved in 1995. By mid-1997, the Sangini program had expanded to 21 major districts of Nepal with a total of 500 outlets. Sales showed a promising trend, with sales reaching 25,000 vials in the first half of 1997. The latter half of 1997, however, showed a dip in sales growth, prompting concern. It was believed that an earlier 25 % consumer price hike for Sangini coupled with a large-scale expansion of public sector and NGO injectable service delivery programs were depressing consumer demand for Sangini. Nonetheless, Sangini sales grew by 34 % over the previous year. IUD sales nearly doubled over the previous year. The PSSN grew to 83 member providers and its CYP performance was steady (although CYP did not significantly increase over 1996).

- Achieved sales of 6,813,224 condoms.
- Achieved sales of 263,208 pills.
- Achieved sales of 42,006 injectables.
- Achieved sales of 2,094 IUDs and 182 Norplant.

#### **Year VI Accomplishments (1998)**

The first half of 1998 marked one of the most successful sales periods ever for CRS, which helped it surpass its fiscal year CYP target for the period July 16, 1997 to July 15, 1998. SOMARC and CRS responded to a drop in Sangini sales by slashing Sangini's consumer price (in order to more effectively compete with the public and NGO sectors), improving trade incentives, stepping up service center expansion, and increasing advertising and consumer education activities. This action resulted in a significant sales spike for Sangini beginning in March 1998. Currently, there are over 700 Sangini service centers in Nepal. With sales back on track, it is anticipated that Sangini will be a major CYP producer and flagship product for CRS. SOMARC also provided assistance to aid CRS in repositioning its two condom brands, Dhaal and Panther, in the market to make them more appealing for increasingly sophisticated consumers. The PSSN expanded its membership to 112 providers while CYP nearly doubled in less than seven months (over 1997). Meanwhile, SOMARC began work on a new PSSN marketing program that focuses on in-clinic promotion, direct marketing, public relations and advertising designed to generate new clients for PSSN family planning services.

**Sales****NEPAL CRS COMPANY (P) LTD.**

<b>Product/Method</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Condoms	5,687,856	7,212,096	8,597,112	6,806,448	6,813,224	5,314,384
Pills	295,839	391,245	383,284	277,632	263,208	174,372
VFTs	770,904	805,281	577,724	481,968	357,120	275,256
Sangini		1,248	11,424	31,422	42,066	35,950
IUDs			97	1,277	2,094	1,023
Norplant				130	182	115

**PARIWAR SWASTHAYA SEWA NETWORK (PSSN)**

<b>Product/Method</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Vasectomy	228	229	279
Female Sterilization	245	245	490
Norplant	241	241	482
IUDs	1,426	1,426	2,852
Depo Provera	647	647	1,294
Pills	2,996	2,996	5,992

## **NIGER**

From 1992 to 1995, SOMARC provided technical assistance to Niger for the social marketing of contraceptives. Recognizing the urgent need to provide contraceptive technology to its population and the current limitations of the health care delivery system, the Government of Niger withdrew earlier opposition to the commercial sale and promotion of contraceptive products. This was reflected in the endorsement of the private, non-clinic based distribution of contraceptive methods that was incorporated in the national population policy submitted for formal adoption by the Government in April 1991.

SOMARC's initial efforts were focused on the launch of a socially marketed condom – Protector. Introduction of long-term methods was judged inadvisable given the level of development of the family planning service delivery system. SOMARC supported AIDS prevention activities in Niger through programs that were developed in collaboration with the National AIDS Prevention Committee and other organizations, such as UNICEF, working in-country. SOMARC integrated AIDS awareness activities into its marketing strategy for Protector condoms.

### **USAID Objectives**

USAID's objectives in population in Niger include:

- Assistance to the Government of Niger's efforts to achieve a rate of population growth that is consistent with the growth of economic resources and productivity;
- Increase access to contraceptive methods through the development of the private, non-clinic based distribution of contraceptive methods.

### **SOMARC Objectives**

- Improve the awareness, acceptability, availability and use of donated social marketing products;
- Overcome strong conservative opposition to condom promotion through extensive public relations, and development of culturally sensitive messages designed to motivate increased use;
- Coordinate IEC strategies with other groups involved in AIDS prevention and family planning

### **Year I Accomplishments (1993)**

- Established project office.
- Developed marketing plan for Protector Condoms.
- Conducted qualitative research for Pan-African materials.
- Negotiated contract with local implementing organization – “Association Counsel pour l'Action (ACA)

### **Year II Accomplishments (1994)**

- Conducted training for condoms among pharmacy personnel and promoters.
- Conducted baseline (KAP) study.
- Began PR campaign among influentials and consumers
- Designed an aggressive commercially oriented distribution and promotion strategy.
- Launched Protector Condoms.

### **Year III Accomplishments (1995)**

- Re-evaluated and modified communications strategy in response to opposition by conservative groups.

- Expanded distribution network with an emphasis on rural markets.
- Developed communications programs using traditional channels such as village theater.
- Assessed feasibility of introducing orals and injectables.

### **Sales**

<b>Product/Method</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>Total</b>
Protector Condom	660,164	1,126,140	236,460	-	2,022,764

## **PERU**

The 1996 DHS report indicates a contraceptive prevalence rate of 64% in Peru, up from 59% in 1991. The leading method is rhythm (18%), followed by IUDs (12%), tubal ligation (10%), injectables (8%) and oral contraceptives (6%). Overall contraceptive use is growing and a variety of methods are available to women of reproductive age. Most of the increase in contraceptive use is attributable to the public sector. Use of the public sector as a source of contraceptive methods increased from 48% in 1991 to 70% in 1996. The commercial sector showed a drastic decline as a source of contraceptive use, from 44% in 1991 to 25% in 1996.

### **USAID Objectives**

- Improved health, including family planning of high risk populations;
- Increased contraceptive prevalence; and
- Sustainable institutions and operations in place

### **SOMARC Objectives**

Support contraceptive social marketing activities through the Peruvian NGO, Apoyo a Programas de Poblacion (APROPO). The CSM program was implemented by APROPO using two modalities:

- Promotion and publicity of third-party products; and
- Marketing of APROPO's own products

### **Accomplishments Year I – V (1993-1997)**

#### **THIRD PARTY PRODUCTS**

APROPO generated \$514,000 in contributions from pharmaceutical partners to promote various contraceptive choices to Peruvian women through point of purchase materials. The contraceptive choices were promoted in the context of a "Responsible Parenting" campaign in pamphlets distributed to 5,000 pharmacies throughout Peru. Each collaborator's contribution was based on a percentage of increased sales. The collaborators included:

- Schering and Wyeth- oral contraceptives
- Pharmacia & Upjohn - Depo Provera Injectable
- Spedrog - vaginal foaming tablets (VFT)

SOMARC provided technical assistance in conceptualizing the program, facilitating and structuring the partnerships, and developing and distributing communications materials.

#### **APROPO PRODUCTS**

APROPO generated over US\$1 Million in a project revenue fund through sales of the following APROPO products: PIEL condoms, the DETECTOR pregnancy test and the APROT IUD.

SOMARC provided technical assistance in developing marketing plans, importing, packaging, distributing and promoting all of these products. In addition, SOMARC provided guidance on how to manage the revenue fund to ensure APROPO's long-term sustainability.

## **PHILIPPINES**

Fertility in the Philippines continues its gradual decline. Based on the 1993 National Demographic Health Survey, Filipino women will give birth on average to 4.1 children during their reproductive years, 0.2 children less than that recorded in 1988. However, total fertility remains high compared to the levels achieved in neighboring Southeast Asian countries. Virtually all women know of a family planning method; the pill, female sterilization, IUD and condoms are known to over 90% women. Contraceptive use is highest in the urban areas and among women with higher than secondary education. Four in 10 married women are currently using contraception. The contraceptive prevalence rate for modern methods is 25%. The majority of contraceptive users obtain their methods from a public sector provider (70%).

Half of married women say they want no more children and 12 % have been sterilized. An additional 19 % want to wait 2 years before having another child. Almost two-thirds of the women express a preference for having 3 or less children. Results from the DHS survey indicate that if all unwanted births were avoided, the total fertility rate would be 2.9 children, which is almost 30 % less than the observed rate. If the potential demand for family planning is satisfied, the contraceptive prevalence rate could increase to 69 %.

The private sector offers a huge potential in satisfying this unmet need through the availability of high quality and affordable contraceptives. This potential of the private sector in providing products and services is enhanced by the existence of over 6,000 pharmacies, 1,200 private hospitals/clinics, 2,000 Ob/Gyns, 14,000 general practitioners and about 20,000 practicing private midwives. To support this further, the government has resolved to increase private sector family planning provision through policy reforms and support of family planning programs working with the commercial sector, NGOs and industry-based clinics.

### **USAID Objective**

To reduce the population growth rate and improve maternal and child health through:

- Increased public sector provision of family planning and maternal and child health (FP/MCH) services.
- Strengthening of national systems to promote and support the FP/MCH program.
- Increased private sector provision of contraceptives and FP/MCH services.

### **SOMARC Objectives**

The overall project objective is to increase sales of SOMARC contraceptives by 150 % from December 1995 through September 1997, and

- Expand the existing contraceptive social marketing (CSM) line to include lower priced pills and an IUD.
- Increase the role of private sector providers in providing quality counseling and in prescribing CSM products.
- Stimulate trial and continued correct use of CSM products through a combination of mass media and grass roots communications.
- Improve the quality and magnitude of distribution and detailing efforts undertaken by participating manufacturers and their agents.

### **Year I Accomplishments (1993)**

At the beginning of the fiscal year, SOMARC launched a condom primarily positioned for AIDS prevention. The Couple's Choice Program was launched in June 1993 with three brands of low-dose oral contraceptives. Both the pill and the condom were supported with radio advertising and

aggressive marketing in three major urban areas. In 1993, the Philippine economy dipped as a result of a series of major natural calamities that struck the country during the previous 2 years. This situation greatly affected all industries including pharmaceuticals. The total hormonal contraceptive commercial market declined by 17 %. There were only four brands that registered real growth; three of these brands are those under the SOMARC Project, while the other is the heavily promoted Logynon of Schering. SOMARC believes that the marketing support it extended to the three brands reversed an otherwise imminent market decline.

- Achieved sales of 1.1 million units of condom, equivalent to 78% growth over 1992.
- Achieved annual sales of 252,000 units of low-dose contraceptives, representing a growth of 4%.

#### **Year II Accomplishments (1994)**

In March 1994, SOMARC added the contraceptive injectable, Depo Provera, to the Couple's Choice Program. As in the pill and condom launch, the injectable was supported by radio advertising and promotion. In June 1994, SOMARC launched the first ever nationwide television commercial for private sector pills, an effort that resulted in the high consumer awareness level that the program continues to enjoy. Support for the condoms was focused on improving distribution levels.

- Achieved sales of 1.6 million units of condom, 50% over 1993.
- Achieved annual sales of 291,700 units of low-dose contraceptives, a growth of 16% over previous year.
- Achieved sales of 23,000 vials for Depo Provera.

#### **Year III Accomplishments (1995)**

In August 1995, SOMARC launched the first condom TV commercial that positioned the product as a lifestyle product. In response to the results of the consumer tracking study, the manufacturer redesigned the product packaging to make it look more high-quality, modern, and gender-sensitive. It was also during this year that the project undertook research among private providers to explore the feasibility of developing and promoting a private provider network. Sales of Depo Provera declined due to the decision of local Upjohn management not to take an aggressive stance on product promotion with doctors because of a call to boycott Upjohn products by the groups within the Catholic Church.

- Achieved sales of 1.1 million units of condoms.
- Achieved sales of 390,282 units of low-dose contraceptives.
- Achieved sales of 18,000 vials of Depo Provera.

#### **Year IV Accomplishments (1996)**

In 1996, SOMARC graduated its Sensation condom line marketed as an AIDS prevention component resulting in a project focused more on family planning. SOMARC added a lower priced monophasic pill to its existing product line to increase affordability of CSM products in the target market. Sales of pills dipped slightly because of the exit of one of the OC brands from the program while sales of injectables were continuously affected by the non-aggressive product promotion of Upjohn. In September 1996, SOMARC launched the first ever nationwide television commercial for injectable contraceptives available to the private sector. A new TV spot for the pills was also launched that year. Both advertising materials as well as the traditional and grass roots public relations efforts addressed the issue related to consumers' fear of side effects, one of the major constraints in the practice of family planning as demonstrated by research.

- Achieved sales of 355,559 cycles of low-dose monophasics, registering an overall decline of 4% over previous year.
- Achieved sales of 16,516 vials of Depo Provera, a decline of 6% over previous year.

#### **Year V Accomplishments (1997)**

In May 1997, SOMARC launched its initial team of Couple's Choice detailers to supplement the detailing efforts of participating pharmaceutical companies by promoting the OCs and the Depo Provera injectable. The team was deployed in the three Metro areas of the country. The second batch of detailers was added in November 1997. Promotions were concentrated on types of providers with most access to potential contraceptive users: midwives, Ob/Gyns and general practitioners. Advertising campaigns using the two TV spots continued while public relations continued to educate the target audience on family planning in general and Couple's Choice products in particular using grassroots, live and in-depth communications.

- Achieved sales of 408,783 cycles of low dose monophasics, 15 % over 1996
- Achieved sales of 29,405 vials of Depo Provera, 78% growth over 1996

#### **Year VI Accomplishments (1998)**

In 1998, SOMARC maintained an expanded supplementary detailing program to provide coverage of all the key urban areas nationwide in the Philippines. The SOMARC detailing force acted as an adjunct sales and promotion force for the participating manufacturers and distributors. The advertising campaign through the television continued. A range of public relations activities, including a radio program serial with a family planning theme; health fairs; a telephone hotline manned by midwives; contraceptive technology seminars for providers; a Dear Doctor column on a national press; and a series of publicity and TV features were implemented. During Year VI, SOMARC conducted marketing training for 120 private practicing midwives to equip them with the knowledge and skills to sell their services and CSM products to their target clientele.

- Achieved sales of 19,827 vials of Depo Provera ( January to July 1998), a 22% increase over the same period last year
- Achieved sales of 263,196 cycles of low dose monophasics (January to July ) which is 20% increase over the same period last year.

#### **Sales**

Product/Method	1996	1997	1998
Pills	355,559	408,783	263,196
Injectables	16,516	29,405	19,827

## **RUSSIA**

Russia has had high abortion rates for the past several decades. Modern contraception was not widely practiced. This low contraceptive prevalence was caused partly because of a poor supply and quality of modern contraceptives. The two contraceptives that were relied on by a minority of women during the Soviet era were condoms and IUDs. By the end of the 1980s, the Ministry of Health estimated the use of IUDs at 12% of fertile women. Oral pills during the Soviet era were of high hormonal dosage. Most doctors urged women not to take the oral pill. Today the prejudice against oral contraception, even low dose pills, continues.

According to the USAID funded 1996 Russia Women's Reproductive Health Survey the situation- at least in the three sites surveyed- has improved greatly with regard to contraceptive use. Between 69% and 77% of the women of fertile age surveyed were using some form of contraception and the vast majority were using modern contraceptive methods. The survey also notes a substantial diminishing of abortion rates in the sites surveyed. In Russia overall, the survey cites 82.4 abortions per 1000 women of reproductive age in 1994. By 1996 the rate had fallen to 70.1 per 1000. Despite the survey showing that most of the women surveyed knew about all the major methods of modern contraception, the majority of women were misinformed about important methods, particularly the oral contraceptive. SOMARC surveys also showed that pharmacists were also frequently misinformed.

USAID started a four-year Russian Women's Reproductive Health Project (RWRHP) in November 1994. The purpose of the RWRHP was to reduce maternal mortality and morbidity through increasing knowledge about and use of modern methods of contraception. The SOMARC project was given a buy-in to participate in the RWRHP.

### **SOMARC Objectives**

- Improve linkages and collaboration between private pharmaceutical manufacturers, international donor agencies, and private, non-governmental and governmental institutions providing family planning services in Russia;
- Increases pharmacists' knowledge about modern methods of contraception; and
- Improve pharmacists' ability to provide accurate and useful information to clients.

### **Executive Summary**

SOMARC began work on the RWRHP in 1995. SOMARC began by working with pharmaceutical manufacturers in June 1995. The original scope of work called for sending a marketing specialist to Moscow quarterly to meet with the pharmaceutical manufacturers. In addition SOMARC was to communicate with manufacturers on a regular basis and keep them informed of RWRHP activities. SOMARC also was to solicit the manufacturing companies to participate in some of these activities. USAID/Moscow requested that this part of the scope of work be revised and the second part of the scope of work in the original buy-in concerning pharmacist training was to be used as the basis of deliverables. Consequently, a revised scope of work was approved in June of 1997. Thus the two main objectives of the project became:

- Improve pharmacists' attitudes toward and knowledge of modern methods of contraception, and
- Improve pharmacists' knowledge of marketing and quality customer service principles.

This shift in focus also produced a shift from SOMARC interventions in Russia from the oblast-level training to collaboration on pharmacist training at the Chemical Pharmaceutical Institute in St. Petersburg. The Chemical Pharmaceutical Institute is a national institute where both

undergraduate and post-graduate pharmaceutical training takes place. Pharmacists in Russia must be re-licensed every five years. Such re-licensing is conducted through the Refresher Training Department at the Chemical Pharmaceutical Institute. SOMARC recognized that by working with this Institute at all these levels, undergraduate, graduate and refresher course pharmacists, the two principal objectives listed above could be realized. A first training seminar was given at CPI for 21 educators and pharmacists. .

In 1997 work continued in coordinating programming with SOMARC's manufacturing partners. By 1997, all of SOMARC's partners had initiated its own contraceptive training programs for doctors and pharmacists. In addition, SOMARC produced in cooperation with the Chemical Pharmaceutical Institute a draft of a comprehensive curriculum for reproductive health that included sections on contraceptive technology, marketing, and customer quality service. In addition a second human reproductive training seminar was held for 25 educators and pharmacists in Novosibirsk.

In 1998 this curriculum was finalized. In addition a manual on Teaching Techniques and Curriculum Development focusing on contraceptive technology, marketing and quality customer service and communication was prepared (see attachment).

A SOMARC training team conducted a one-week teaching methodologies and curriculum development workshop with 14 CPI professors and 8 pharmacists.

At the close of the project, in September of 1998, a follow-up training in teaching methodologies and customer quality service was given to 13 key professors and educators at CPI. It was noted that CPI had incorporated curriculum materials developed by SOMARC.

By training the professors and having the curriculum incorporated in the core courses at CPI, the activity of educating pharmacists in contraceptive technology, marketing and quality customer service will be sustainable for years to come.

## **PROJECT ACCOMPLISHMENTS**

### **Year I Accomplishments (1995)**

- Made contact with four major contraceptive manufactures supplying Russia and informed them regularly about RWRHP activities; encouraged educational programs for pharmacists (Janssen-Cilag, Organon, Upjohn, and Schering AG);
- Two collaborating firms, Schering AG and Janssen-Cilag started their own pharmacist education programs.

### **Year II Accomplishments (1996)**

- Added the manufacturing firm of Gedeon Richter to its list of collaborating manufacturers . SOMARC sent copies of the FHI-developed contraceptive method training modules to all five of its collaborating manufacturers;
- Completed a Training of Trainers (TOT) course in three oblasts: Sverdlovsk Oblast, Novosibirsk Oblast, and Leningrad Oblast - five to seven gynecologists were trained in each site;
- Conducted one cycle of training seminars for each of these Oblast - approximately 90 participants.
- Conducted one seminar with approximately 60 pharmacists at the Chemical Pharmaceutical Institute in St. Petersburg ; and

- Completed and translated a self-instruction training manual.

Year III Accomplishments (1997)

- Exchanges of training materials with 4 manufacturing partners: all partners initiated their own contraceptive training programs;
- Completed a draft of a comprehensive curriculum for reproductive health in collaboration with The Chemical Pharmaceutical Institute.
- A second training seminar was held in Novosibirsk for 25 pharmacists and educators

Year IV Accomplishments (1998)

- The human reproductive health curriculum for pharmacy students and pharmacists was completed, printed and distributed;
- A SOMARC training team conducted a one-week teaching methodologies and curriculum development workshop with 14 CPI professors and 8 pharmacists;
- A follow-up training in teaching methodologies and quality customer service was conducted. Successful negotiation for the inclusion of the human reproductive health curriculum in CPI pharmacists training and refresher courses were completed ensuring the sustainability of reproductive health training for pharmacists.

## **SENEGAL**

Awareness of condoms in Senegal was relatively high prior to the launch of the social marketing product, Protec condom. All men interviewed in the SOMARC baseline survey were aware of condom use for AIDS prevention and 95% were aware of condom use for family planning. While trial is also high (73%), regular use is somewhat lower (39%). One of the main reasons for inconsistent use was that condoms were not always available (30%). It appears that users depend heavily upon their friends as their primary source of condoms (48%), and very infrequently on other sources which may be *(include?)* with “wives”. Thus, the primary barriers to expanded and more consistent use of condoms appear to be limited availability as well as the perception that they are predominantly for use with occasional partners for AIDS prevention.

### **USAID Objectives**

- To increase the awareness, acceptability and use of modern, high-quality contraceptives available through commercial channels at prices that are affordable for low-income couples.
- To introduce a culturally sensitive social marketing approach to the expanded use of modern contraceptives, starting with the condom.
- To promote condom use for both family planning and STD/AIDS prevention.

### **SOMARC Objectives**

- To increase usage of condoms for both family planning and STD/AIDS prevention in Senegal.
- To expand the role of the private sector in providing family planning methods at prices that are affordable to low income couples.
- To train pharmacists and pharmacy assistants to provide quality customer service, including counseling on the proper usage of condoms.

### **Year I Accomplishments (1993)**

During 1993, SOMARC arranged a study tour to Morocco for leading Senegalese physicians and pharmacists to see a successful social marketing program in progress within a Moslem country. SOMARC prepared an initial implementation plan introducing a branded condom in Senegal.

- Conducted study in Morocco for Senegalese representatives from the Ministry of Health, USAID, and the National Order of Pharmacists.
- Designed implementation strategy for condom pilot project.

### **Year II Accomplishments (1994)**

Early in 1994, SOMARC presented a revised implementation plan for a nationwide condom social marketing pilot project, and this plan formed the basis of the subsequent marketing plan. SOMARC then selected the local subcontracting partners for packaging/distribution, promotion/advertising, administration services and market research. Start up activities began in each of these fields under the guidance of the local Project Committee and SOMARC's Project Coordinator.

### **Year III Accomplishments (1995)**

In 1995, a Training of Trainers (TOT) program was followed by training sessions for all available pharmacists, pharmacy assistants and depot managers. This training was conducted with financial assistance from the AIDSCAP project. Pre-testing of the Protec logo, Protec packaging, and radio and TV advertising also occurred in 1995. Media training, a public relations campaign and the distribution of point of purchase (POP) materials and the product to pharmacies was

arranged before the official launch event in June 1995. Subsequently, promotional activities and mass media advertising began.

- Project officially launched in June 1995.
- Achieved sales of 712,500 condoms in 9 months (distributor level).

#### **Year IV Accomplishments (1996)**

Various activities, including additional media coverage, a tour of 15 cities and sponsorship programs, were carried out to further the growth of Protec condom sales at the national level. In May 1996, a conclusive mid-term evaluation of the SOMARC project was conducted. Futures was asked to continue until September 1997 with additional USAID funding to continue social marketing of Protec condoms.

- Organized awareness and sensitization meetings involving youth sports, cultural associations and NGOs. Public relations activities targeting well-defined groups were conducted.
- Advertising campaigns and neighborhood theater sketches took place and POP materials were produced.
- Achieved sales of 1,510,500 condoms

#### **Year V Accomplishments (1997)**

SOMARC received additional funding through September 1998. This allowed the project to reinforce staff through the appointment of additional sales agents. When the MOH approved the expansion of sales outlets in June 1997, the project hired an IEC coordinator, a sales supervisor, four sales promoters and a driver. The project also moved to a separate office. These changes provided the project with the infrastructure needed to focus on sales development.

Specific communication strategies were developed, which targeted well-defined groups in order to achieve the following objectives: increase access and demand; improve the quality of service; and develop a grant reduction plan with the distributor.

- Expansion of sales outlets took place beginning in June 1997. Outlets now include gas stations, supermarkets, cafes, hotels, bars, restaurants, discos, phone kiosks and cosmetic shops.
- Training conducted for points of sale agents and the sales force.
- Return to project fund instituted with the distributor.
- Achieved sales of 1,724,877 condoms and the total existing points of sale reached 760 in December 97 (compared to 320 points of sale the previous year).

#### **Year VI Accomplishments (1998)**

In the rapidly changing Senegalese condom market, SOMARC's priority is to increase the size of the market, so that more at-risk consumers use condoms and use them more consistently and correctly. As part of this effort, new print, TV and radio advertising for Protec condoms was launched in 1998.

- In partnership with AIDSCAP, workshops have been held with NGOs working in family planning and STD/AIDS sector
- Wholesalers for non-traditional sales outlets in the Senegalese interior have been identified and sales agents trained.
- Additional demand creation was accomplished through awareness and information campaigns targeted at specific groups; media campaigns, including new radio and TV spots; and the involvement of traditional groups in the information campaigns. Targeted marketing and public relations activities were implemented to facilitate the expansion process.
- The national pharmacy supplier (PNA) started selling Protec condoms.

- Achieved sales of 1,315,500 condoms in 6 months (Jan – June 98).
- As of June 1998, there is a total of 1,519 existing point of sales (POS) (among them 1,165 new non traditional POS : CHBRDs selling Protec.)

**Sales**

Product	1995	1996	1997	1998
Protector Condom	712,500	1,510,500	1,724,877	1,315,500

## **TURKEY**

Turkey is the fifteenth most populous nation in the world with over 65 million inhabitants. Although the total fertility rate dropped from approximately 4.3 in 1978 to 2.7 in 1993, there remain significant regional differences in fertility rates and a great unmet need for family planning. In Turkey, overall awareness of modern contraceptives is extremely high--more than 98% of all women know a modern method and over 94% know of a source where to obtain family planning. Despite this high awareness, the most prevalent family planning method in Turkey is withdrawal (26%). Ever use of modern contraceptives is quite high (61.8%), but discontinuation rates for modern methods are also high.

SOMARC has assisted the USAID in its objective to increase utilization of FP and RH services in Turkey since 1990. SOMARC's role has been to leverage USAID resources to create and expand the commercial market for high quality FP/RH products and services.

In June 1991, SOMARC launched the Okey condom, the first nationally advertised condom brand in Turkey. Just two and a half years later, SOMARC graduated Okey from USAID assistance. Today, Okey maintains sales of over 17 million units annually, and a 25% share of a commercial market that has grown over 100% since 1991. In December 1991, SOMARC launched an oral contraceptive campaign promoting a range of commercially sourced low-dose products. The campaign resulted in a dramatic shift in the market previously predominated by standard dose orals to over 75% usage of the safer, better tolerated low dose brands. SOMARC graduated the low dose pills from USAID assistance in 1994.

In 1995, SOMARC began to address the shortfall between private and public sector provision of family planning services through the establishment of the KAPS program in Istanbul. As of 1998, 11 hospitals, 14 polyclinics, 19 solo physicians and 100 pharmacies participated in the KAPS program's activities. The program provides training, promotion and other incentives to private clinical sites in exchange for their agreement to offer affordably priced reproductive health services and to maintain quality standards. During this network's first year, SOMARC piloted several outreach promotions including the use of mass media, community promoters and a coupon referral program through pharmacies.

### **USAID Objectives**

- Increased utilization of FP/RH services
- Strengthened sustainability of FP/RH programs
- Improved policy environment for public and private sector provision of FP/RH Program
- Strengthened NGO advocacy for quality FP/RH
- Expansion of high quality RH/FP services in the public and private sectors
- Increased availability of postpartum/post-abortion FP services
- Increased accurate knowledge about modern methods and FP services among potential clients and their partners
- Improved job performance of health providers and administrators

### **SOMARC Objectives**

- Identify and channel commercial funds to promote and educate clients and providers about RH
- In selected universities, create training opportunities for private physicians
- Formalize agreements among KAPS members to sustain promotion of RH services
- Expand post-abortion FP program in Istanbul's private sector
- Expand postpartum program in Istanbul
- Expand 24 hour telephone hotline

### **Year I Accomplishments (1993)**

FUTURES launched the Okey condom in Turkey in June 1991 under SOMARC II, introducing it as the first nationally advertised condom brand. During 1993, just two and a half years later, SOMARC negotiated with its condom distributor, Eczacibasi, to graduate “Okey” from USAID assistance. FUTURES also launched the oral contraceptive component of SOMARC II in December 1991 using commercially sourced low-dose products. During 1993, SOMARC III continued major advertising and marketing support for the pill component to increase the overall market and shift the market share toward low-dose.

- Achieved sales of 6.3 million condoms.
- Achieved annual sales of 2.6 million units of low-dose contraceptives, shifting overall low-dose market share from 50% in 1991 to 62% in 1993.

### **Year II Accomplishments (1994)**

During 1994, SOMARC oversaw the phase-out of the condom component. SOMARC also continued to support advertising and promotional activities for low-dose oral contraceptives, and then graduated the pill component from USAID assistance at the end of 1994. During this period, SOMARC also initiated formative research on long-term methods in order to expand the social marketing project. The preliminary research and assessment resulted in the design of a Services Marketing project that stimulates existing private providers to better integrate reproductive health services.

- Achieved graduated sales of 7.7 million condoms. Oversaw condom phase-out.
- Achieved annual sales of 3.2 million units of low-dose contraceptives, shifting overall low-dose market share to 73% in 1994.

### **Year III Accomplishments (1995)**

During 1995, SOMARC launched the pilot Services Marketing Network within Istanbul. The network includes a range of private facilities, such as hospitals, polyclinics, physicians and pharmacies. All of the participating facilities were trained in contraceptive technology, counseling and total quality management. To participate in the network, these private facilities agreed to lower their prices for family planning services.

- Achieved graduated sales of 9.6 million condoms.
- Achieved graduated sales of 2.4 million units of low-dose contraceptives (major economic crisis in Turkey during 1995 contributed to decline in pill sales).
- Established KAPS Services Marketing pilot network in 20 facilities within defined geographic area of Istanbul.
- Expanded local anesthesia mini-laparotomy services to two 100-bed hospitals.

### **Year IV Accomplishments (1996)**

In September 1996, the SOMARC Special Study on Services Marketing and KAPS initiated the use of client intercept surveys to track client awareness of family planning and services received at KAPS facilities. The first combined client intake/exit survey was conducted in September/October 1996 and was intended to monitor network progress and to constitute the quantitative baseline against which the effects of new mass media promotion and additional in-service interventions would be assessed.

- Expanded number of KAPS facilities in Istanbul to include a total of 6 hospitals, 11 polyclinics, 14 private physician’s offices and 85 pharmacies
- Achieved graduated sales of 15 million condoms.

- Achieved graduated sales of 2.7 million units of low-dose contraceptives.

#### **Year V Accomplishments (1997)**

A second client intercept survey was conducted in April 1997, following a short radio advertising campaign. The research indicated that KAPS facilities clearly catered to SOMARC's low to middle income target demographic and that the majority of client volume was generated by pregnancy-related reasons, such as prenatal, postpartum and abortion care. However, the surveys detected no significant increase in client load or FP acceptance. While outreach (mass media, coupons, etc.) activities did contribute to increased awareness of the FP services available at KAPS, awareness did not translate into actual usage.

Other indicators such as the proportion of patients receiving FP counseling did rise from baseline to the first intercept survey in the fall of 1996. The second survey conducted the following spring showed no further improvement. The spring survey showed that in over half of the cases, providers failed to initiate discussion about contraception. The most striking example was the case of women seeking abortion services. Women seeking an abortion do not want to be pregnant, yet less than 60% were offered information about family planning.

Based on the second round of the client intercept survey, SOMARC adapted the initial strategy to emphasize internal rather than external (mass media, etc.) interventions. In the summer of 1997, SOMARC began to develop a focused post-abortion approach for KAPS members, focusing on two objectives: 1) all women receiving an abortion at KAPS facilities or returning for a post-abortion check-up should receive family planning counseling. If the client does not spontaneously ask about contraception, the provider should initiate the discussion; and 2) all post-abortion women who do not want to get pregnant right away (the majority of abortion cases) should leave the KAPS facility with contraceptive protection. One-on-one training and follow-up was provided to KAPS members to stress the need for family planning promotion at all stages of the abortion process.

Following the implementation of the post-abortion intervention in the fall of 1997, a third and final client intercept study was conducted in December 1997. The impact of the intervention was quickly apparent. The number of abortion clients told about family planning more than doubled over previous rounds from 14% in May 1997 to 44% in December 1997.

- Expanded number of KAPS facilities in Istanbul to include a total of 10 hospitals, 14 polyclinics, 19 private physician's offices and 100 pharmacies
- Achieved graduated sales of 17 million condoms.
- Achieved graduated sales of 2.7 million units of low-dose contraceptives.

#### **Year VI Accomplishments (1998)**

Due to the success of the post-abortion intervention and the vast need for post-abortion family planning services, SOMARC and other CAs worked to expand this effort throughout Istanbul's major private and public hospitals.

In 1998 SOMARC launched two additional products, both contraceptive injections. An integrated communications program to educate clients and providers about the new injectables included a television advertising awareness campaign directed at consumers; a direct mailing to pharmacists introducing the two methods and their differences; and a telephone information hotline. In the first month over 4000 calls were made to the telephone hotline, which provides information on all method choices including the new injectables. Staffed by nurses and doctors, the telephone hotline has played an instrumental role in reassuring women and providers about the safety and efficacy of injectables.

Combined sales for the first six months contributed approximately 25,000 couple years of protection. A noteworthy feature of the private partnership SOMARC forged for this campaign was the commercial manufacturers' financial contribution to the campaign's advertising and promotional activities.

- Doubled proportion of post-abortion clients receiving FP counseling in KAPS member facilities from 0% at baseline to 44% in December 1997
- Achieved graduated sales of one million condoms.
- Achieved graduated sales of one million units of low-dose contraceptives.
- Achieved sales of thousand units of 99,392 monthly injectables.
- Achieved sales of 66,255 thousand units of three-monthly injectables.

### **Sales**

<b>Product</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Condoms	6,300,000	7,700,000	9,600,000	15,000,000	17,000,000	1,000,000
Oral Contraceptives	2,600,000	3,200,000	2,400,000	2,700,000	2,700,000	1,000,000
Monthly Injectable						99,392
3-Monthly Injectable						66,255

## **TURKMENISTAN**

In Turkmenistan, as it is in most of the Central Asian Republics, the issue for SOMARC is primarily reproductive health and the traditionally heavy reliance on abortion as the primary means of fertility regulation. Under the Soviet system, contraceptives were in short supply, particularly non-clinical methods. Additionally, misunderstandings about contraceptive methods of action - especially hormones - were pervasive. This was true not only among potential users, but also within the medical community.

With few exceptions, pharmaceutical supply and distribution was under the sole authority of the State Pharmacy system, Farmatsyla. Recently, the government has opened the door to privatization of the pharmacy system in Turkmenistan. Legislation/decrees have allowed for the private ownership of pharmacies. Pharmaceutical companies are beginning to explore entry into the Turkmenistan market.

### **USAID Objectives**

- Demonstrate the viability of the commercial market as a supplier of health services, particularly the commercial distribution and retail sales of commercially-supplied (non-USAID procured or subsidized) contraceptives;
- Improve reproductive health by reducing the reliance on abortion as the primary means of fertility regulation through the provision of non-clinical contraception.

### **SOMARC Objectives**

- Move Turkmenistan towards a greater private sector involvement in the provision of health service delivery. Specifically, to the degree possible given the infancy of the Turkmenistan private sector and degree of government support for its development;
- Encourage and promote market entry agreements from international pharmaceutical manufactures to service the Turkmenistan market with contraceptive products;
- Encourage and promote distribution and retail sales agreements between local companies and international pharmaceutical manufactures;
- Adapt and apply, as is possible, the integrated communications program supporting commercial contraceptives developed in Kazakstan, incorporating market research-based advertising, public relations, sales promotion, and special events;
- Support, develop and encourage the establishment of market-based, commercial pharmaceutical wholesalers and retailers as channels for commercial contraceptives;
- Create a hospitable and supportive environment within the medical community for the use of modern contraceptives through training in modern contraceptive technology and quality service delivery.

### **Year I Accomplishments (1993)**

- Conducted market evaluation for the potential of a social marketing program. Concluded that there was little immediate potential for a social marketing initiative until further economic reforms were implemented to allow and encourage development of the private sector.

### **Years II-IV**

SOMARC did not work in Turkmenistan during this time.

### **Year V Accomplishments (1997)**

Conducted assessment of private sector development potential for commercial pharmaceutical retail activities and associated SOMARC support. Concluded that in spite of Government of

Turkmenistan statements, the commercial environment was not yet “transparent” enough to begin USAID-sponsored support for commercial operations in the area of retail drugs – specifically social marketing of contraceptives;

As an alternative to full project implementation, SOMARC worked with USAID privatization contractor Booz Allen to review the draft report on the Turkmenistan commercial situation and determine what technical assistance SOMARC might provide to fill any gaps discovered, (specifically with pharmaceutical legal and regulatory issues) as a path to establishing the necessary environment for implementation of SOMARC support activities. USAID market transition and privatization efforts in Turkmenistan were eventually re-cast at the request of the host government to focus principally on WTO ascension.

**Year VI Accomplishments (1998)**

SOMARC was not funded for activities in Turkmenistan in 1998.

## UGANDA

In Uganda, overall awareness of at least one method of contraception is very high. Among currently married women age 15-49, 93 % know at least one method of contraception, and 92 % of those knowing a method also know of at least one modern method. The most commonly recognized methods in Uganda are contraceptive pills (83 %), condoms (78 %) and injections (78 %). One-third of the women age 15-49 have used a method of family planning at some time in their lives.<sup>1</sup>

Although awareness and ever-use are high, contraceptive prevalence is low. The 1995 Uganda Demographic and Health Survey (UDHS), however, shows promising trends. The contraceptive prevalence rate in Uganda has tripled overall in a six-year period from 4.9 % in the 1989 DHS to 14.8 % in the 1995 DHS. Use of modern methods has grown faster than overall prevalence, from 2.5 % in the 1989 DHS to 7.8 % in the 1995 DHS. Uganda's fertility rate has fallen from 7.3 children per woman in 1989 to 6.84 children per woman in 1995.<sup>2</sup> Pills and injections are the most popular methods, used by 3 % of women. Myths and rumors surrounding pills are still pervasive, but appear to be declining since the start of oral contraceptive social marketing in 1993. Injectable contraceptives are popular and widely desired. Their use has been limited in part by lack of consistent supplies from the government's central stores to the government medical centers that operate at the district level. To date injectables have been almost exclusively available only through the public sector. There is very little commercial distribution of injectables.

Uganda's family planning environment is strongly influenced by the high prevalence of HIV/AIDS. Estimated national HIV/AIDS prevalence is 12 % and may be as high as 30 % among some urban populations. The HIV/AIDS situation in Uganda has opened the environment to more frank and responsible discussion of condom use as one means to prevent the transmission of the disease. There is still a lot of unmet demand for family planning in Uganda, including condom use for disease prevention and/or family planning. Also, there is tremendous potential to develop Uganda's private sector as a source of family planning products and services.

### **USAID Objectives**

USAID/Kampala objectives for the SOMARC project are national in scope while concentrating heavily on the 13 districts covered by the USAID/Kampala Delivery of Improved Services for Health (DISH) project. The DISH project started in August 1994 and is currently scheduled to end in September 1999. The 13 DISH districts represent approximately 30 % of Uganda's population and include some of the districts with the highest HIV/AIDS prevalence rates in the country. The overall objective of the DISH project is to integrate delivery of family planning, HIV/AIDS prevention, and STD prevention and treatment services. More specific objectives as they relate to contraceptive supply, use and social marketing are:

- Achieve a contraceptive prevalence rate of 9 % by 1996 (already achieved per 1995 DHS results).
- Provide high quality, reasonably priced contraceptives to as many eligible private sector points of sale throughout Uganda as possible.
- Provide more targeted and direct distribution to all eligible private sector points of sale in the rural and urban areas of the DISH project districts, including community-based distributors and outlets.
- Reduce the prevalence of STDs including HIV/AIDS through correct and consistent condom use.

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<sup>1</sup> Uganda Demographic and Health Survey 1995. Statistics Department, The Ministry of Finance and Economic Planning.

<sup>2</sup> Ibid.

- Reduce the prevalence of STDs including HIV/AIDS through pilot activities to improve correct use of antibiotics for STD syndromes.

### **SOMARC Objectives**

- Expand the availability of Protector condoms nationally, especially in DISH districts, by enlisting non-traditional sales outlets such as general merchants, market vendors, bars, clubs, lodges, etc. to sell Protector.
- Increase correct use of New Pilplan oral contraceptives and reduce myths and rumors through consistent distribution to pharmacies, drug shops, clinics and trained community-based distributors with accompanying method training and educational advertising/promotion.
- Introduce a private, social marketing brand of Depo Provera distributed through private clinics and NGOs.
- Introduce an over-the-counter, prepackaged antibiotic treatment kit for male urethritis to be distributed through clinics, pharmacies, and drug shops (drug shops pending National Drug Authority approval).
- Create a partially self-financing national distribution network incorporating Uganda's major consumer product and pharmaceutical distribution companies.

### **Year I Accomplishments (1993)**

SOMARC launched Protector condoms in Uganda in 1991. In 1993, SOMARC introduced Pilplan oral contraceptives. All products are provided by USAID/Kampala donations to the Government of Uganda. During 1993, there was no advertising for Protector or Pilplan. At that time the only available media were government radio and television, which prohibited condom and pill advertising. 1993 sales results were:

- Achieved sales of 1.8 million units of condoms.
- Achieved sales of 66,026 cycles of pills (launched June 1993).

### **Year II Accomplishments (1994)**

During 1994, the media environment in Uganda changed to allow limited radio advertising of Protector condoms. Two private FM radio stations reaching the greater Kampala area began operations early in 1994 and accepted Protector advertising. SOMARC also started Protector's sponsorship of a weekly reproductive health program for young people called "Capital Doctor" on one of the FM stations. Later in 1994, a series of educational advertisements for Pilplan were produced in multiple languages and approved for broadcast on the government radio station, thereby achieving national coverage. The Pilplan advertisements were also broadcast on the Kampala FM stations.

A number of NGOs were recruited in 1994 to distribute Protector and/or Pilplan to rural and under-served areas through community-based agents. A special project was initiated through the Uganda Private Midwives Association (UPMA) to place midwives in fixed and mobile market sites to sell products and provide family planning education.

- Achieved sales of 4 million condoms.
- Achieved sales of 247,491 cycles of pills.

### **Year III Accomplishments (1995)**

During 1995, SOMARC assessed the changing product distribution environment and selected a new main distributor. A ten-person distribution, sales and training team was recruited to focus largely on the DISH districts. Additional NGO sub-distributors were recruited and trained to sell Protector and Pilplan. A detailed plan was prepared to introduce Depo Provera as a social

marketing product and consumer research for the new product was conducted. USAID/Kampala requested SOMARC to develop preliminary plans to introduce a prepackaged, over the counter antibiotic treatment kit for male urethritis. Plans were made to amend the SOMARC Buy-In to the DISH project to expand the scope of work and budget to cover the proposed pilot antibiotic treatment kit project. SOMARC also conducted research to re-position Pilplan for the new AID commodity Duofem, and made required changes in packaging and product information in preparation for an early 1996 product launch of “New Pilplan.” Uganda was the first AID social marketing country program to make the transition to the Duofem product. 1995 sales results were:

- Achieved sales of 5.9 million condoms.
- Achieved sales of 307,000 cycles of pills.

#### **Year IV Accomplishments (1996)**

During 1996, SOMARC introduced the Duofem commodity as New Pilplan oral contraceptives. The transition to the new commodity went smoothly and had active support of Ugandan medical and pharmaceutical organizations. The geographic scope of the SOMARC-supported sales, distribution and training team was expanded to cover areas outside the DISH districts. The social marketing brand of Depo Provera – Injectaplan 3-Month Injectable – was introduced in August 1996. A training program for physicians, nurses and midwives accompanied the product introduction, and a senior-level Clinical Methods Representative was hired to direct distribution and monitor the quality of care at the clinics selling Injectaplan. In September, SOMARC enlisted a second private commercial distributor for Protector and New Pilplan to work in parallel with the first commercial distributor and the SOMARC sales team.

In mid-1996, the World Bank funded Sexually Transmitted Infections Project (STIP) agreed that its funds for the procurement of condoms be used for social marketing. CARE/Uganda contracted The Futures Group International (FUTURES) to implement the social marketing component of a British Department for International Development (DFID) funded Integrated Health Project operating in eastern Uganda. USAID/Kampala strongly endorsed the collaboration with CARE and DFID by agreeing to the marketing of the SOMARC products, Protector, New Pilplan and Injectaplan, through the new project.

Between February and August 1996, SOMARC completed a detailed feasibility plan for the prepackaged antibiotic kit for male urethritis treatment. This included the development of an evaluation plan in collaboration with the AIDSCAP project. The urethritis treatment project was postponed in October 1996 because of objections from the National Drug Authority (NDA). The NDA was concerned about the proposed distribution of the kit through drug shops. Budget constraints also required postponement of the urethritis treatment project. 1996 sales results were:

- Achieved sales of 9,812,520 condoms.
- Achieved sales of 401,460 cycles of pills.
- Achieved sales of 4,140 vials of Depo Provera (launched August 1996).

#### **Year V Accomplishments (1997)**

During 1997, SOMARC focused attention on marketing Protector condoms and Injectaplan Depo Provera. A commission-based compensation system was introduced at mid-year for the SOMARC-funded sales team, increasing sales incentives and reducing the direct cost burden on the project budget. Due to conflicts between the two commercial distributors, SOMARC went back to working with only one distributor. The introduction of a competing social marketing condom brand softened Protector sales performance, especially starting from mid-year. SOMARC assessed and streamlined Protector’s consumer distribution, advertising and promotion activities in response to this new competition in the market. In September, FUTURES signed a

12-month agreement with the STIP Project awarding the Uganda shilling equivalent of \$400,000 for Protector advertising, promotion and education activities.

Eight hundred clinics were recruited and trained to sell Injectaplan. The majority were owned and operated by private nurse-midwives working in trading centers and rural areas. SOMARC received Depo Provera commodities to be marketed as Injectaplan from DFID through the Uganda Ministry of Health.

With the formal extension of the SOMARC III Project through September 1998, SOMARC Uganda re-activated plans to pursue a pilot project in social marketing of prepackaged antibiotics for treatment of male urethritis. SOMARC also began planning for the establishment of a Uganda social marketing NGO as a means of providing long-term institutional sustainability for the program.

1997 sales results were:

- Achieved sales of 8,962,380 condoms.
- Achieved sales of 517,860 cycles of pills.
- Achieved sales of 50,280 vials of Depo Provera

#### **Year VI Accomplishments (1998)**

By the middle of August 1998, SOMARC had completed all plans for the introduction of a prepackaged antibiotic product for treatment of male urethritis. The product, to be called Clear Seven, will be introduced in September, pending final registration by the National Drug Authority. All aspects of Clear Seven's development and introduction on a test market basis in four districts were finalized between January and August.

As of mid-August 1998, SOMARC had enlisted and trained over 1,000 clinical locations to sell Injectaplan. Pharmacies started to sell Injectaplan in July 1998. An extensive program of community-based education and promotional activities, using local midwives as promoters and targeted to reproductive age women, was carried out throughout the country. The objective is to motivate potential users of Injectaplan to visit a trained provider and seek a family planning method. Radio advertising for Injectaplan on private and government stations began in June.

The condom market became increasingly competitive during 1998, with continued marketing of a second social marketing brand, plus the introduction of at least six new private commercial brands, depressing Protector sales volumes. Between February and August, SOMARC initiated new advertising and promotion activities targeted to increasing correct and consistent condom use among special target groups, especially adolescents, military/police, and rural men. A Protector-sponsored program in secondary schools began in March. New radio advertisements for Protector were introduced in June 1998. In June and July, SOMARC made a major media breakthrough by persuading the Uganda national television network to accept Protector TV advertising during the World Cup matches. Broadcast of Protector advertisements on Radio Uganda then began in July.

SOMARC organized a founding members group for a new Ugandan social marketing NGO in March. In June, a consultant worked with SOMARC staff, USAID, other donors, and various Uganda stakeholders to finalize plans for establishing and organizing the social marketing NGO.

1998 sales results as of July 31, 1998, were:

- Achieved sales of 3,941,460 condoms.
- Achieved sales of 380,520 cycles of pills.
- Achieved sales of 68,530 vials of Depo Provera.

**Sales**

<b>Product</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Protector Condom	1,800,000	4,000,000	5,900,000	9,812,520	8,962,380	3,941,460
New Pilplan	66,026	247,491	307,000	401,460	517,860	380,520
Injectaplan				4,140	50,280	68,530

## **UKRAINE**

High rates of maternal mortality and morbidity may be related primarily to the high rates of abortion in the Ukraine. The use of abortion as a means of fertility appears to have created severe health risks for women. Although there is an interest in modern family planning programs, medical personnel and potential users share the same misconceptions about modern hormonal contraceptives. Except for IUDs, which are Russian made and of poor quality, contraceptives are not typically available through delivery points and information and knowledge about modern contraceptives are lacking.

### **USAID Objectives**

- To improve and expand the delivery and availability of modern contraceptive services in order to reduce significantly the dependency on abortion for fertility control.

### **SOMARC Objectives**

- To encourage and facilitate the development and growth of private sector delivery of modern family planning services as an alternative to abortion; and
- To demonstrate the viability of the private sector as a credible and sustainable vehicle for the delivery of reproductive health services.

### **Year I – V Accomplishments**

SOMARC was not working in Ukraine.

### **Year VI Accomplishments (1997 – 1998)**

Based on the recommendations arising from the assessment trip conducted by USAID's consultant Betty Ravenholt and subsequent assessment trip by SOMARC's Regional Director/ENI Peter Foley and Ukraine Country Manager, Shaun O'Neil, SOMARC developed and implemented a pilot social marketing program in Odessa. The program worked with the fairly developed private commercial retail sector in Odessa to market and promote a line of modern contraceptive products. Specifically, SOMARC collaborated with contraceptive manufacturers and local pharmaceutical distributors to promote and sell low-dose oral contraceptives and condoms. SOMARC also provided training for pharmacists and pharmaceutical managers, encouraged expanded sales and distribution of contraceptives, and created demand for contraceptives through marketing communication. During this twelve-month period, SOMARC achieved the following:

- Entered into formal agreements with four local pharmaceutical firms to supply low-dose oral contraceptives and quality condoms in pharmacies.
- Developed linkages with national pharmaceutical manufacturers to ensure supply and point of sales material support for local pharmaceutical partners in Odessa.
- Developed and launched a "Red Apple" integrated marketing communications plan pertaining to low dose oral contraceptives and condoms by producing informational brochures, radio and television educational programs, and participating in grass roots activities in Odessa.
- Conducted a training of trainers (TOT) seminar with pharmaceutical partners in management and quality customer service. Also conducted a training seminar for pharmacist and pharmacy managers on management and quality customer service.
- Collaborated with local medical officials in conducting round table television programs on family planning and community-based activities in order to raise the awareness and provide information on modern contraceptive methods.

**Sales**

SOMARC began collecting sales data in February of 1998. The chart below reflects only five months of sales through June 1998.

Product/Method	1998
LifeStyle condom	34,974
Rigevidon (oral)	1,611
Tri-Regol (oral)	2,388

## **UZBEKISTAN**

In the Republic of Uzbekistan overall contraceptive prevalence has increased dramatically since the launch of the Red Apple Initiative - from 11% in 1993 to 44% in 1995. Child spacing of over a year apart has also increased radically - from 12% in 1993 to 60% in 1995. The Ministry of Health has recently reported that 44.8 % of women of fertility age in Tashkent now practice child spacing of over two years. Prior to implementation of the social marketing program, overall knowledge and usage of low-dose oral contraceptives and injectables were extremely low among women of fertility age. The primary method of contraception used in the former Soviet Union was abortion. IUDs were the second method of choice and accounted for over 70% of contraceptive usage. This contraceptive method often presents a significant health risk to women who suffer from anemia and other gynecological inflammatory diseases. In some regions of Uzbekistan, over 99% of women of fertility age suffer from severe anemia and 56.1% of women of Uzbekistan are reported to have gynecological disorders. Since the launch of the SOMARC Red Apple Program, both the rate of abortion and IUD usage has decreased; while oral contraceptive and injectable usage has increased by 30%. One reason for this change in contraceptive preference is due to increased public awareness of the significant health benefits that both the injectable and low-dose oral contraceptives may provide women who choose either of these methods.

Before Uzbekistan achieved its independence, pharmaceuticals were supplied exclusively by the public sector and prices were strictly controlled. Over 2,200 pharmacies have been privatized in Uzbekistan since independence. The private sector has played a huge role in increasing the availability of modern contraceptive products. Within a few months after the launch of the Red Apple Initiative, the number of private pharmacies increased from 75 to 275 in the test market regions of Tashkent and Samarkand. Distributors also expanded their networks and supply of contraceptives to meet increased consumer demand. Within the first three months after the launch, both sales of oral and injectable contraceptives increased by 75%.

### **USAID Objectives**

- Provide technical assistance and resource support to the government of Uzbekistan to improve and expand the availability of modern reproductive health services.
- Demonstrate the viability of creating commercial markets for contraceptive products in the test market regions of Tashkent and Samarkand.

### **SOMARC Objectives**

- Demonstrate the viability of creating commercial markets for contraceptive products in the region.
- Introduce and develop consumer demand for low-dose oral contraceptives and injectables and increase the overall commercial market.
- Strengthen and expand a sustainable private sector distribution network that provides a consistent and affordable supply of high-quality modern contraceptive products.
- Stimulate and expand the commercial market for condoms.
- Achieve sustainability of commercial markets for the oral contraceptive, injectable and condom components to assist the government in ensuring a consistent, reliable and affordable supply of these products.
- Assist the Ministry of Health in establishing a private sector health initiative that will help decrease the overall abortion rate, and infant and maternal morbidity, as well as improve maternal child health.

### **Year I Accomplishments (1993)**

In 1993, SOMARC conducted social marketing country assessments in Kazakhstan, Kyrgyzstan, Uzbekistan, and Turkmenistan. Discussions were initiated with international contraceptive

manufacturers regarding the potential development of the market in the CARs. A conference was organized among potential private partners to develop the commercial contraceptive market in the CARs.

### **Year II Accomplishments (1994)**

During 1994, SOMARC determined the infrastructure for distribution of contraceptives through the private sector through two local distributors. SOMARC also developed the implementation plan for the pilot program in the two test market regions of Tashkent and Samarkand. During this period, SOMARC also initiated consumer focus group studies to determine family planning awareness, attitudes and practices as well as responses to the proposed program logo. The preliminary research and assessment resulted in the design of an effective advertising strategy to promote public awareness about modern contraceptive methods. At the end of 1994, SOMARC implemented the Training of Trainers for family planning service providers, and commenced training of pharmacists. SOMARC was the first technical assistance program in Uzbekistan to offer a comprehensive course on modern contraceptive technology and quality customer service. The participating physicians and pharmacists had never received prior training on modern contraceptive methods in their medical studies. This training provided a milestone in promoting awareness about modern contraceptive methods among health care providers throughout Uzbekistan.

- Initiated consumer focus group studies to determine family planning awareness, attitudes and practices as well as responses to the proposed program logo.
- Designed effective advertising strategy.
- Implemented the Training of Trainers for family planning service providers.
- Offered comprehensive course on modern contraceptive technology and quality customer service.

### **Year III Accomplishments (1995)**

During 1995, SOMARC launched the Red Apple Program in Tashkent and Samarkand. This social marketing initiative quickly resulted in increased sales and distribution of both injectable and oral contraceptives. Sales of both products increased by over 75% in the first three months following the launch. The number of private pharmacy outlets in the participating test market regions increased from 75 to 275. Most of the pharmacists working at the participating outlets received training in modern contraceptive technology, client counseling and quality customer service. Free brochures on all methods of contraception, low-dose pills and injectables were available to clients at participating Red Apple pharmacy outlets. The program was supported by a comprehensive public relations campaign that included mass media communication materials for the Program logo, oral and injectable contraceptives, television and radio health education programs, as well as print advertising support of the participating pharmacy outlets and product lines. A consumer focus group study was conducted to pretest all communication materials.

- Adapted and produced communication materials for the logo, oral and injectable contraceptives in the Uzbek language.
- Established the Uzbekistan Reproductive Health Advisory Board that included representatives from the private, public and non-government sectors.
- Implemented media training for key spokespersons, who would represent and advocate on behalf of private sector reproductive health initiatives.
- Implemented system to monitor contraceptive sales through participating distributors.
- Achieved graduated sales of 15,053 cycles of low-dose oral contraceptives.

### **Year IV Accomplishments (1996)**

During 1996, sales of Red Apple-supported brands continued to increase. Sales of Red Apple-supported oral and injectable contraceptives increased 91% and 84% respectively. SOMARC

continued its integrated marketing communications campaign and, as part of this campaign, began to establish active and on-going cooperation with local NGOs. At the end of 1996, SOMARC started supporting condoms as an additional product choice.

- Private sector sales of Red Apple-supported oral and injectable contraceptives reached 69,727 cycles and 3,039 units respectively. 8,780 condoms were sold during the last quarter of 1996.
- SOMARC trained 101 physicians and pharmacists in quality customer service, counseling and contraceptive technology.
- Jointly with local NGOs, SOMARC organized five meetings for women. There were a total of 147 participants in attendance.

### **Year V Accomplishments (1997)**

In the end of 1996/beginning of 1997, the Government of Uzbekistan began introducing strict limitations on hard currency conversion. These limitations created a shortage of hard currency available for imports, which pushed the black market rate to become double that of the government rate. Sales of Red Apple supported products began to plummet as distributors struggled to keep afloat and many began choosing to import higher margin and easy selling products in place of contraceptives.

SOMARC continued its communication campaign and, with the help of local NGOs, began introducing an interpersonal approach to it. A Consumer Education Pilot Project was implemented and it showed that an interpersonal approach could be very successful in dispelling myths and misconceptions on hormonal-based and other methods of contraception. A total of 437 clients get free counseling from SOMARC-trained peer counselors during the time of the Project.

The SOMARC Red Apple Project was launched in the Ferghana Valley, which with a population of over eight million people and three major urban centers, represents a lucrative market for Red Apple supported contraceptives. SOMARC also began to ensure the sustainability of the Red Apple program by involving its private partners in sharing costs for marketing Red Apple products. SOMARC and USAID began to address the issue of convertibility as it related to the SOMARC project and its success through the help of the US Ambassador to Uzbekistan.

- Sales of Red Apple OCs, injectables and condoms reached 31,364 cycles, 1,293 units, and 31,909 units respectively.
- SOMARC trained 28 doctors and pharmacists in CT, QCS and counseling.
- Jointly with its private partners, SOMARC conducted two conferences on modern methods of contraception in two SOMARC focus cities and major urban centers. A total of 450 Ob/Gyns were in attendance and SOMARC partner manufacturers and distributors pick up 50% of conferences' expenses.
- SOMARC prints a 1998 calendar designed for Ob/Gyns. The calendar is fully sponsored by SOMARC private sector partners' advertising.
- 823 participants took part in NGO-organized meetings with women on behalf of SOMARC.
- The United States First Lady, Hillary Rodham Clinton, visited Uzbekistan in November 1997. SOMARC actively participated in preparing her visit and SOMARC's partner, Ms. Munira Juraeva, General Director of Jurabek pharmacies, took part in a round table with women organized for Mrs. Clinton.

### **Year VI Accomplishments (1998)**

In 1998, SOMARC and USAID, with the help of the US Embassy, partially resolved the issue of convertibility for the SOMARC's most active distributors. After SOMARC's issue was mentioned and discussed at the US-Uzbekistan First Joint Commission meeting in March 1998, the

Government of Uzbekistan agreed to provide an additional US\$1 million in quota a year for two major Red Apple distributors, Pharmed and Jurabek, with the understanding that this money will be spent specifically on Red Apple contraceptives. However, as this agreement did not go into effect until the second quarter of 1998 and was only applied to two distributors, sales continued to decrease.

A new communication campaign was developed and new TV and radio commercials were produced and aired. Two Red Apple Information Service Contraceptive Hotlines were opened in Tashkent and Samarkand. Both Hotlines were opened in partnership with partner distributor and NGO respectively.

- Sales of Red Apple OCs, injectables and condoms reach 2,977 cycles, 1,801 units, and 29,310 units respectively (data is only for the I and II quarters of 1998).
- Through its innovative peer counseling campaign modeled on the Consumer Education Pilot Project, SOMARC's peer counselors reach 2,274 women in 2 months (more up-to-date data is being collected).
- A new set of Red Apple POS including new Uzbek-language brochures sponsored by manufacturers and distributors, and a 1998/1999-consumer calendar was printed.
- 14 Ob/Gyns were trained in CT, QCS and counseling.
- 283 Ob/Gyns, pediatricians and internal practitioners participated in a major doctor conference. SOMARC private partners sponsored 70% of this conference.
- Trained additional peer counselors to provide information to women in workplaces, universities and mahallas.

## SOMARC III Allocations & Expenditures

### Summary

Country	Allocations	Estimated Expended/Accrued to 9/30/98 (1)	Estimated Remaining
G/PHN	13,657,910	13,637,490	20,420
Field Support/OYB Transfers	41,396,466	40,229,016	1,167,450
Delivery/Task Orders	29,303,581	25,217,748	4,085,832
<b>TOTAL</b>	<b>84,357,957</b>	<b>79,084,254</b>	<b>5,273,702</b>

(1) Includes estimates of all projected expenses until contract close out.

## CORE Contract

Country	Allocations	Estimated Expended/Accru ed to 9/30/98 (1)	Estimated Remaining
G/PHN	13,657,910	13,637,490	20,420
BOLIVIA	84,003	84,003	-
BRAZIL	2,150,000	2,137,784	12,216
CA MEETING	166,338	166,338	-
CAR	158,246	158,246	-
CHILE	9,144	9,144	-
COLOMBIA	123	123	-
CONGO	201	201	-
COSTA RICA	3	3	-
DOMINICAN REP.	44,665	44,665	-
ECUADOR	370,000	370,000	-
EGYPT	825,000	825,000	-
EGYPT (New Core)	200,000	198,983	1,017
EL SALVADOR	622,000	547,732	74,268
EL SALVADOR (OYB)	100,000	67,583	32,417
GHANA	859,000	822,543	36,457
GUATEMALA/CA	200,000	182,436	17,564
HAITI	883,035	883,035	-
HONDURAS	202,000	196,003	5,997
HONDURAS (OYB)	50,000	50,000	-
INDIA	2,472,315	2,472,315	-
INDONESIA AIDS/FP	1,300,000	850,704	449,296
INDONESIA AIDS (OYB)	250,000	154,879	95,121

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JAMAICA	1,256,000	1,256,000	-
JORDAN	45,495	45,495	-
KENYA	98	98	-
LESOTHO	6,763	6,763	-
MADAGASCAR	2,040,000	2,021,315	18,685
MALAWI	268,256	268,256	-
MALI	179,633	179,633	-
MEXICO	2,675,000	2,674,210	790
MOROCCO	3,144,000	3,144,000	-
NEPAL	1,956,000	1,920,937	35,063
NIGER	360,000	271,682	88,318
NIGER (OYB)	340,000	240,000	100,000
P.N.G.	288,315	288,315	-
PANAMA	103	103	-
PAN ARAB (OYB)	311,000	311,000	-
PAN ARAB (NEW CORE)	500,000	490,000	10,000
PARAGUAY	32	32	-
PERU	1,200,000	1,200,000	-
PHILIPPINES	3,289,955	3,289,955	-
PHILIPPINES (OYB 1)	1,000,000	1,000,000	-
PHILIPPINES (OYB 2)	1,000,000	977,073	22,927
RWANDA	127,420	127,420	-
SENEGAL	1,385,000	1,385,000	-
SENEGAL (OYB)	500,000	500,000	-
SOUTH PACIFIC	4,321	4,321	-
SWAZILAND	66,011	66,011	-

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SWAZILAND (OYB)	385,785	379,212	6,573
TOGO/BENIN	504,577	504,577	-
TOGO (OYB)	550,000	392,250	157,750
TURKEY	4,002,991	4,000,000	2,991
UGANDA	2,840,552	2,840,552	-
ZIMBABWE	223,086	223,086	-
<b>TOTAL CORE</b>	<b>55,054,376</b>	<b>53,866,506</b>	<b>1,187,870</b>

(1) Includes estimates of all projected expenses until contract close out.

**REQUIREMENTS Contract**

<b>Country</b>	<b>Allocations</b>	<b>Estimated Expended/Accrued to 9/30/98 (1)</b>	<b>Estimated Remaining</b>
BOLIVIA (5353) D.O. #2	298,485	291,600	6,885
C.A.R (5355) D.O. #5	5,254,777	5,252,382	2,395
C.A.R II (5375) D.O. #25	1,209,167	1,209,167	-
C.A.R III (Proposed)	1,620,000	868,146	751,854
ECUADOR (5369) D.O. #15	400,000	400,000	-
EGYPT (5351) D.O. #3	1,000,600	842,010	158,590
EGYPT (5361) D.O. #3	583,314	542,522	40,792
GUATEMALA (5360) D.O. #10	291,209	281,511	9,698
HAITI (5356) D.O. #7	377,231	367,354	9,877
INDIA (5364) D.O. #13	2,399,511	1,850,000	549,511
INDONESIA (5366) D.O. #17	365,000	307,950	57,050
JAMAICA (5354) D.O. #4	958,968	958,060	908
JAMAICA (5368) D.O. #19	462,150	384,257	77,893
JORDAN (5359) D.O. #9	1,443,775	1,399,248	44,527
JORDAN (5377) D.O. #26	500,000	507,698	(7,698)
KYRGYZ (5370) D.O. #21	45,185	21,636	23,549
MADAGASCAR (5374) D.O. #23	281,594	281,594	-
MALI (5358) D.O. #8	950,000	777,059	172,941
MOLDOVA (5376) D.O. #24	299,977	299,977	-
NIGER (5357) D.O. # 6	997,681	880,507	117,174
PERU (5373) D.O. #16	99,914	69,942	29,972
PHILIPPINES (5352) D.O. #1	500,000	401,043	98,957
PHILIPPINES (5363) D.O. #12	83,454	63,529	19,925

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PHILIPPINES (5372) D.O. #20	2,506,591	1,187,154	1,319,437
RUSSIA (5371) D.O. #22	399,465	399,465	-
SENEGAL (5365) D.O. #14	598,114	591,215	6,899
TURKEY (5367) D.O. #18	417,009	417,009	-
UKRAINE (5378) T.O. #26	471,339	471,339	-
UGANDA (5362) D.O. #11	2,017,733	2,002,833	14,900
UGANDA (5379) T.O. #801	2,471,338	1,891,541	579,797
<b>TOTAL D.O.s</b>	<b>29,303,581</b>	<b>25,217,748</b>	<b>4,085,832</b>

(1) Includes estimates of all projected expenses until delivery/task order close outs.

**SOMARC III Core Contract Level of Effort Budget  
(In Person Months)**

<b>Position</b>	<b>Approved Budget</b>	<b>Estimated Final</b>
Project Director	57.8	54.5
<i>T. D. Levy</i>		
Deputy Director	49.1	50.4
<i>J. Sclafani</i>		
Administrator	57.2	54.5
<i>J. Bwalya</i>		
Contract Administrator	52.6	49.6
<i>T. Farnum</i>		
Marketing Long Term Methods	85.4	70.6
<i>G. Bachman + AVSC staff (2)</i>		
MIS/Commodities Director	59.3	58.5
<i>S. Croll</i>		
Market Research Manager	45.9	42.0
<i>R. Berg</i>		
Senior Marketing TA/Home	36.7	22.5
<i>P. Foley, various staff (3)</i>		
Senior Marketing TA/Field	63.2	63.2
<i>O. Chabbert</i>		
Training Manager	33.5	30.0
<i>Development Associates staff (4)</i>		
Short-Term Technical Staff	186.5	168.2
<i>Various staff (5)</i>		
Information Dissemination	50.6	44.0
<i>D. Bennett</i>		
Technical Assistance/DC Sup.	201.0	182.5
<i>C. Erling, W. McMahon, S. O'Neil, D. W. Shipman</i>		
Public Relations/Advertising	46.6	32.9
<i>T. Baugh staff</i>		
LAC Manager	54.4	53.5
<i>J.C. Negrette</i>		
LAC Technical 1	53.5	50.1
<i>D. Mejia</i>		
LAC Technical 2	96.8	73.3
<i>C. Cisek</i>		
LAC Administrator	59.7	56.5
<i>L. Gayton</i>		
Asia Manager	54.5	45.5
<i>D. McGuire</i>		
Asia Technical	63.0	52.2
<i>A. Schneider</i>		
Asia Administrator	50.4	48.5
<i>S. Winarsih</i>		
East/South Africa Manager	33.1	33.1
<i>Position closed</i>		
East/South Africa Technical	62.0	46.4

## APPENDIX B

Position	Approved Budget	Estimated Final
<i>R. Chandler (6)</i>		
East/South Africa Administrator	34.3	34.3
<i>R. Agin</i>		
M.East/W. Africa Manager	46.4	44.5
<i>J.M. Urrutia</i>		
M.East/W. Africa Technical 1	29.0	29.0
<i>Position closed</i>		
M.East/W. Africa Technical 2	51.8	45.5
<i>J. Brown</i>		
M.East/W. Africa Administrator	46.2	42.5
<i>K. Aimara</i>		
Consultants	267.0	159.8
<i>Various</i>		
Resident Advisors <i>H. Bel-Hadj (Morocco);</i> <i>S. Mbengue (Senegal);</i> <i>K. McClure (Jamaica);</i> <i>L Mize (Indonesia);</i> <i>R. Ramlow Nepal</i>	<u>88.9</u>	<u>18.5</u>
<b>TOTAL</b>	<b>2116.3</b>	<b>1755.8</b>

### SOMARC III Sales & CYPS: by Method

Method	1993		1994		1995		1996		1997		1998		TOTAL	
	Sales	CYPs	Sales	CYPs	Sales	CYPs	Sales	CYPs	Sales	CYPs	Sales	CYPs	Sales	CYPs
Condom	51,068,959	510,690	70,101,119	701,011	97,410,134	974,101	77,593,988	775,940	94,915,140	949,151	21,757,804	217,578	428,851,878	4,288,519
Oral	18,651,182	1,434,706	18,470,882	1,420,837	16,431,851	1,263,989	14,576,750	1,121,288	18,701,008	1,438,539	3,924,778	301,906	94,945,213	7,303,478
VFT	6,603,011	66,030	5,839,980	58,400	5,203,016	52,030	4,577,633	45,776	4,387,739	43,877	275,256	2,753	28,208,207	282,082
Implant	134	670	15,184	75,920	38,370	191,850	14,534	72,670	16,285	81,425	115	575	84,622	423,110
Injectable	2,032,280	508,070	1,611,250	402,813	1,980,224	495,056	1,945,373	486,343	2,418,739	604,685	508,218	127,055	11,040,278	2,760,070
IUD	217,775	544,438	922,445	2,306,113	406,119	1,015,298	247,701	619,253	177,207	443,018	2,149	5,373	2,111,302	5,278,255
Vasectomy	10	100	4	40	12	120	9	90	13	130	-	-	56	560
Short-Term	76,323,152	2,011,426	94,411,981	2,180,248	119,045,001	2,290,120	96,748,371	1,943,005	118,003,887	2,431,568	25,957,838	522,237	552,005,298	11,874,079
Long-Term	2,250,199	1,053,278	2,548,883	2,784,885	2,424,725	1,702,324	2,207,617	1,178,356	2,612,244	1,129,257	510,482	133,002	13,236,258	8,461,995
Total	78,573,351	3,067,424	96,960,864	4,973,866	121,469,726	3,998,453	98,955,988	3,121,360	120,616,131	3,560,825	26,468,320	655,239	565,241,556	19,698,238

**Notes:**

- 1) SOMARC III 1998 sales are through September 1998 and are provisional pending receipt of final figures at the end of calendar year 1998.
- 2) Only SOMARC III sales are included in this chart.
- 3) Totals include graduated SOMARC programs.
- 4) Couple Year of Protection (CYP) calculations are as follows:
  - 1 CYP = 100 condoms
  - 1 CYP = 0.2 implants
  - 1 CYP = 0.4 IUDs
  - 1 CYP = 4 injections
  - 1 CYP = 13 cycles of orals
  - 1 CYP = 100 VFTs

## OTHER SOMARC III PUBLICATIONS

<i>TITLE</i>	<i>AUTHOR</i>	<i>DATE</i>	<i>PROJECT</i>
<b>WORKSHOP DOCUMENT</b>			
Advocacy Workshop--Africa Region, January 1997: Faciliator Guidelines (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Advocacy Workshop--Africa Region, January 1997: Program Orientation Workshop (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Advocacy Workshop--Africa Region, January 1997: Public Relations Management Workshop (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Advocacy Workshop--Africa Region, January 1997: Public Relations Management Workshop (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
All Audiences (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Case Study: Grass Roots Anti-Arrack Efforts (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Communications: Informs, Educates, Advocates (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Media Training Handbook: Uganda Contraceptive Social Marketing Programme (UCSMP)	G.Bachman	July 1993	SOMARC III
Participants' Media Training: "Red Apple" Media Training, November 1-2, 1994	T.Baugh	November 1994	SOMARC III
PMMS: Le Programme Marocain de Marketing Social (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Program Orientation Workshop (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Public Relations and Advocacy Workshop--Africa Region, January 1997 (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Public Relations Management Workshop (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III

Regional PR Workshop: Media Training (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Regional PR Workshop: Speaker Training (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Relations Publiques: Session Management (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Session Regionale des Relations Publiques: Formation d'Orateur (Regional Meeting in Morocco, January 8-12, 1997)	SOMARC III	January 1997	SOMARC III
Taller sobre Mercadeo de Servicios--SOMARC	C. Cisek	April 1998	SOMARC III

## TECHNICAL REVIEW

Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Condoms		September 1998	SOMARC III
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## OTHER SOMARC III PUBLICATIONS

<i>TITLE</i>	<i>AUTHOR</i>	<i>DATE</i>	<i>PROJECT</i>
Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Hormonal Contraceptives		September 1998	SOMARC III
Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Vaginal Foaming Tablets in Ghana		September 1998	SOMARC III
Getting from Awareness to Use: Lessons Learned from SOMARC III about Marketing Vasectomy Services in Jamaica		September 1998	SOMARC III
Role of the Provider in Family Planning & Reproductive Health Services Marketing		September 1998	SOMARC III

## SPECIAL STUDY

Costs of Contraceptive Social Marketing Programs Implemented Through the SOMARC Project, September 1995	J.Stover, A.Pope	September 1995	SOMARC III
Costs of Social Marketing Programs Implemented through the SOMARC Project		September 1998	SOMARC III
Marketing of CSM Condoms for AIDS Prevention--Special Study #5	S.Tipping	October 1993	SOMARC III
Transition to the Commercial Sector: What Happens to Socially Marketed Products After Graduating from USAID Support	M.Kincaid, V.Baird, J.M.Urrutia, C.Cisek, J.Brown	April 1997	SOMARC III
Use of Psychographics to Target Potential Condom Users in Africa		September 1998	SOMARC III
Using Simple Survey Techniques to Set Prices for Social Marketing Products		September 1998	SOMARC III

## PRACTICAL GUIDE

Practical Advertising: Media Planning	SOMARC III	June 1995	SOMARC III
Practical PR: Crisis Communications	SOMARC III	June 1995	SOMARC III
Practical PR: Interviews	SOMARC III	June 1995	SOMARC III
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<b>AFRICA</b>			
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<b>BRAZIL</b>			
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IUD Survey Among the Physician Community	BEMFAM	October 1994	SOMARC III
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<b>EGYPT</b>			
Advertising Message Pre-Test Among Male and Female Consumers and Ob/Gyn Physicians: Final Report of Focus Group Discussions	WAFI & ASSOCIATES	June 1994	SOMARC III
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<b>EL SALVADOR</b>			
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Protector Test Notice: Etude Realisee a Madagascar (Rapport d'Etude)	SOFRES	August 1996	SOMARC III
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OBSTACLES A L'UTILISATION DES PRESERVATIFS PROTECTOR DANS LES 1994 ZONES RURALES	SOMARC III D'ETUDES ET DE RELASATIONS	SOCIETE AFRICAINE December	
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<b>MEXICO</b>			
Men's Health Awareness Study: Final Report	TCG	July 1997	SOMARC III (TFGI/AVSC)
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<b>MOROCCO</b>			
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Enquete Nationale d'Evaluation du Projet Protex: Enquete Hommes Maries (Rapport II: Tableaux Croises)	TECHNIPROJET	December 1993	SOMARC III
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Knowledge, Attitude and Practice of Family Planning Among Reproductive Women of Kathmandu Valley	Valley Research Group	January 1998	Nepal CRS Co. and SOMARC III
Monitoring Studies of the Injectable in Kathmandu Valley: Final Report	CREHPA	February 1997	SOMARC III
Monitoring Studies of the Injectable in Kathmandu Valley (October 1995-December 1996): A Presentation	CREHPA	December 1996	SOMARC III
EVALUATION OF THE QUALITY OF CARE OF PHARMACY DMPA INJECTIONISTS: CRS/SOMARC PILOT INTRODUCTION OF DMPA	CREHPA	October 1995	SOMARC III
REPORT ON A RESEARCH STUDY TO PRE-TEST LOGOS AND STATEMENTS September 1995	SOMARC III MARKETING	HIMAL, HIMALAYAN INTL	
REPORT ON A RESEARCH STUDY TO PRE-TEST A COMIC BOOK	HIMAL, HIMALAYAN INTL MARKETING	July 1995	SOMARC III
REPORT ON A QUANTITATIVE STUDY TO PRE-TEST 4 LOGOS	HIMAL, HIMALAYAN INTL MARKETING	April 1995	SOMARC III
Condom, Oral, and Injectable Users Profile Study in Nepal SOMARC III	VALLEY RESEARCH GROUP (VARG)		September 1994
CRS Consumer KAP Tracking Study among Men and Women in Nepal SOMARC III	VALLEY RESEARCH GROUP (VARG)		September 1994

NEPAL PHARMACIST CONTRACEPTIVES USAGE, ATTITUDES AND DISTRIBUTION STUDY REPORT	NEW ERA	September 1994	SOMARC III
SUMMARY OF NEPAL DMPA MARKETING RESEARCH FINDINGS	S.TIPPING, THE FUTURES GROUP	June 1994	SOMARC III
AIDS Communication Planning Profile: Summary of Research Findings	S.HOWARD	May 1994	SOMARC III
Communication Materials Pre-Test--Name, Logo & Brochure: Research Report	MARG NEPAL	May 1994	SOMARC III
SECOND TEST ON ALTERNATE LOGOS: RESEARCH REPORT	MARG NEPAL	May 1994	SOMARC III
Concept Testing for Injectables: Research Report	MARG NEPAL	February 1994	SOMARC III
Background Briefing Book for CRS Social Marketing Project in Nepal Based on a Review of Secondary Research	SOMARC	August 1993	SOMARC III
MARKET RESEARCH FOR ADVERTISING STRATEGY DEVELOPMENT OF NILOCON		May 1993	SOMARC III

# SOMARC III RESEARCH REPORTS

<i>TITLE</i>	<i>AUTHOR</i>	<i>DATE</i>	<i>PROJECT</i>
<b>NIGER</b>			
Baseline Research Survey of Contraceptive Awareness Among Nigerien Men: Final Report	MARKETING & SOCIAL RESEARCH INSTITUTE	May 1994	SOMARC III
<b>PAN ARAB</b>			
PAN-ARAB BRIEFING BOOK: A REVIEW OF SECONDARY RESEARCH ABOUT THE SOMARC III PAN-ARAB REGION--VOLUME I		SOMARC	August 1994
PAN-ARAB BRIEFING BOOK: A REVIEW OF SECONDARY RESEARCH ABOUT THE SOMARC III PAN-ARAB REGION--VOLUME II		SOMARC	August 1994
PAN-ARAB BRIEFING BOOK: A REVIEW OF SECONDARY RESEARCH ABOUT THE SOMARC III PAN-ARAB REGION--VOLUME III		SOMARC	August 1994
<b>PAPUA NEW GUINEA</b>			
Focus Group Report on SOMARC Radio Sports	S.Howard	May 1994	SOMARC III
<b>PERU</b>			
RESULTADOS DEL SONDEO EN FARMACIAS (PILDORAS ANTICONCEPTIVOS) SOMARC III		APROPO	June 1995
RESULTADOS DEL SONDEO EN FARMACIAS (CONDONES)	APROPO	May 1995	SOMARC III
INVESTIGACION CUALITATIVA SOBRE EVALUACION DE MATERIALES DE SOMARC III COMUNICACION: INFORME		ICOM	April 1995
Estudio Motivacional sobre Actitudes Hacia los Metodos SOMARC III Anticonceptivos	ANALISTAS & CONSULTORES		December 1994
PRESTACION DE SERVICIOS EN EL SECTOR COMERCIAL: INFORME FINAL SOMARC III DEL COMPONENTE		APROPO	October 1994
Estudio Cualitativo Pre-Test Publicitario (en version animatic) "Comercial Piel"	MAYEUTICA	June 1994	SOMARC III

PRE TEST CUALITATIVO SPOT "MICROGYNON"	IMASEN S.A.	January 1994	SOMARC III
INTERCEPCION DE USUARIAS DE ANTICONCEPTIVOS	CONSULTORA 1/2 DE MARKETING	October 1993	SOMARC III
TEST DE EMPAQUE PARA PRESERVATIVOS SOMARC III	DATUM INTERNATIONAL GROUP	October 1993	

## PHILIPPINES

FINDINGS AND IMPLICATIONS OF THE PROVIDER SURVEY FOR THE SOCIAL SOMARC III MARKETING PROGRAM IN THE PHILIPPINES		S.SMITH	January 1996
Attitude and Practice Among Health Professionals (Project Professional): Data Tables (Volume I)	PULSE RESEARCH GROUP	October 1995	SOMARC III
Attitude and Practice Among Health Professionals (Project Professional): Data Tables (Volume II)	PULSE RESEARCH GROUP	October 1995	SOMARC III
Attitude and Practice Survey Among Health Professionals: Final Report (Project Professional)	Consumer Pulse	September 1995	SOMARC III

# SOMARC III RESEARCH REPORTS

<i>TITLE</i>	<i>AUTHOR</i>	<i>DATE</i>	<i>PROJECT</i>
NATIONAL RETAIL INDEX REPORT ON CONDOM/ORAL CONTRACEPTIVES SOMARC III (JUNE/JULY 1995)		DEALER PULSE	August 1995
KNOWLEDGE, ATTITUDE & PRACTICE SURVEY ON ORAL CONTRACEPTIVES AND February 1995 INJECTABLES (PROJECT SENTRA IV): DATA TABLES	SOMARC III	PULSE RESEARCH GROUP	
KNOWLEDGE, ATTITUDE & PRACTICE SURVEY ON ORAL CONTRACEPTIVES AND February 1995 INJECTABLES (PROJECT SENTRA IV): FINAL REPORT	SOMARC III	PULSE RESEARCH GROUP	
Briefing Book on Commercial Sector Physicians and Midwives in the Philippines: A Review of Secondary Research	THE FUTURES GROUP INTL	February 1995	SOMARC III
FOCUS GROUP DISCUSSION STUDY ON INJECTABLE CONTRACEPTIVES: FINAL 1994 REPORT--SERVICE PROVIDERS	SOMARC III	PULSE RESEARCH GROUP	June
FOCUS GROUP DISCUSSION STUDY ON INJECTABLE CONTRACEPTIVES 1994 (PROJECT GARDEN GROVE): FINAL REPORT--CONSUMERS	SOMARC III	PULSE RESEARCH GROUP	June
SUMMARY OF PHILIPPINES INJECTABLE CONTRACEPTIVE MARKETING 1994 RESEARCH FINDINGS	SOMARC III GROUP	S.TIPPING, THE FUTURES	June
Consumer Brochure Test on Injectable Contraceptives (Project Memphis): Final Report	PULSE RESEARCH GROUP	May 1994	SOMARC III
Advertising Pre-Test on Injectable Contraceptives (Project Jessie):: Final Report	PULSE RESEARCH GROUP	May 1994	SOMARC III
URBAN MARKET STUDY (FIRST QUARTER) ON INJECTABLE CONTRACEPTIVES 1994 1994: DATA TABLES	SOMARC III	PULSE RESEARCH GROUP	May
Advertising Pre-Test on Injectable Contraceptives (Project Jessie): Data Tables	PULSE RESEARCH GROUP	May 1994	SOMARC III

## SENEGAL

PROTEC: ETUDE PRE-TEST DE L'ANNONCE PUBLICITAIRE RADIO	EQUATION	September 1995	SOMARC III
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PROTEC: ETUDE PRE-TEST DE L'ANNONCE PUBLICITAIRE TELEVISION SOMARC III	EQUATION	September 1995
RAPPORT FINAL ETUDE SUR LES EMBALLAGES (CONDOM PACKAGING) SOMARC III	EQUATION	March 1995
SENEGAL USAGE AND ATTITUDE STUDY: SUMMARY OF KEY FINDINGS SOMARC III	J.BROWN	March 1995
RAPPORT FINAL ETUDE SUR LES INSTRUCTIONS (CONDOM USAGE SOMARC III INSTRUCTIONS)	EQUATION	February 1995
RAPPORT FINAL ATTITUDES DES GROUPES CIBLES (ATTITUDES TOWARD SOMARC III CONDOM USE AND PACKAGING)	EQUATION	January 1995
L'UTILISATION DES PRESERVATIFS AU SENEGAL: ATTITUDES ET PERCEPTION (REGION DE DAKAR, ST LOUIS, KAOLACK)	BDA September 1994	SOMARC III

## TAJIKSTAN

TAJIKISTAN: FERTILITY INDICATORS & CHARACTERISTICS OF THE POTENTIAL MARKET FOR CONTRACEPTION	L.DARSKY,N.B.DWORAK January 1993	SOMARC III
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# SOMARC III RESEARCH REPORTS

TITLE	AUTHOR	DATE	PROJECT
<b>TUNISIA</b>			
FOCUS GROUP EXPLORATION OF IDEAS FOR A PAN ARAB ADVERTISING SOMARC III CAMPAIGN: TUNISIA RAPPORT D'ANALYSE		CREARGIE MAROC	February 1995
<b>TURKEY</b>			
Pretest of Radio Spots for KAPS (Draft Report)	IBS Research & Consultancy	January 1997	SOMARC III
CSM Logo Test/Turkey: Final Report	ZET NIELSEN	September 1995	SOMARC III
CSM P.O.P. Materials Final Report	ZET NIELSEN	September 1995	SOMARC III
CSM P.O.P. Materials Frequency Tabulations	ZET NIELSEN	July 1995	SOMARC III
CSM Logo Test/Turkey: Detailed Findings	ZET NIELSEN	June 1995	SOMARC III
CSM Logo Test: Frequency Tables	ZET NIELSEN	May 1995	SOMARC III
RETAIL AUDIT OF THE TURKISH CONDOMS, ORALS AND IUDS MARKET SOMARC III		ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, SIX PROVINCES		ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS: ADANA		ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS: ANKARA		ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS: ERZURUM		ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS: ISTANBUL		ZET NIELSEN	December 1994

RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS: IZMIR	ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS: SAMSUN	ZET NIELSEN	December 1994
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX E SOMARC III	ZET NIELSEN	September 1994
EXPLORATION OF CONSUMER ATTITUDES & BEHAVIORS REGARDING LONG SOMARC III TERM CONTRACEPTIVE METHODS IN TURKEY	ZET NIELSEN	March 1994
PHYSICIAN INTERCEPT SURVEY CROSS TABULATIONS	ZET NIELSEN	March 1994
		SOMARC III

## SOMARC III RESEARCH REPORTS

<i>TITLE</i>	<i>AUTHOR</i>	<i>DATE</i>	<i>PROJECT</i>
PRIVATE PHYSICIAN IN-DEPTH INTERVIEW FINAL REPORT	ZET NIELSEN	March 1994	SOMARC III
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET	ZET NIELSEN	December 1993	SOMARC III
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, ADANA		ZET NIELSEN	December 1993
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, ANKARA		ZET NIELSEN	December 1993
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, ERZURUM		ZET NIELSEN	December 1993
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, ISTANBUL		ZET NIELSEN	December 1993
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, IZMIR		ZET NIELSEN	December 1993
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, SAMSUN		ZET NIELSEN	December 1993
RETAIL AUDIT OF THE TURKISH FAMILY PLANNING MARKET--APPENDIX F: SOMARC III ADDITIONAL PHARMACY QUESTIONNAIRE RESULTS, SIX PROVINCES		ZET NIELSEN	December 1993
RETAILS AUDIT ON CONDOMS, ORALS AND IUDS: TURKEY REPORT	ZET NIELSEN	December 1993	SOMARC III
Comprehensive Review of Family Planning With Special Reference to Long-Term Contraceptives (1965-1992)	ZET MEDYA	June 1993	SOMARC III
TV COMMERCIAL PRE-TEST (LOW DOSE ORAL CONTRACEPTIVES): REPORT SOMARC III		YONTEM RESEARCH	June 1993
TV COMMERCIAL PRE-TEST (LOW DOSE ORAL CONTRACEPTIVES): TABLES SOMARC III		YONTEM RESEARCH	June 1993

Overview of Contraceptive Social Marketing in Turkey: Social Marketing for Change Project

TFHPF

May 1993

SOMARC III

ORAL CONTRACEPTIVES PRE-TEST FOR THE REVISED COMMERCIAL: FINAL SOMARC III REPORT

ZET MEDYA

April 1993

## **TURKMENISTAN**

TURKMENISTAN: FERTILITY INDICATORS & CHARACTERISTICS OF THE January 1993  
POTENTIAL MARKET FOR CONTRACEPTION SOMARC III

L.DARSKY,N.B.DWORAK

## **UGANDA**

Psychographic Profiles of Ugandan Men: Analysis of Barriers to Protector Condom Use, Survey No. 29/397

Probe Market Research

September 1997

SOMARC III

## SOMARC III RESEARCH REPORTS

<i>TITLE</i>	<i>AUTHOR</i>	<i>DATE</i>	<i>PROJECT</i>
Psychographic Profiles of Ugandan Men: Analysis of Barriers to Protector Condom Use, Survey No. 29/397--Qualitative Responses	Probe Market Research	September 1997	SOMARC III
Protector Condom/Radion Ad Research	SOMARC/Uganda	February 1997	SOMARC III
Barriers to Condom Use Survey: Uganda 1996	Probe Market Research	November 1996	SOMARC III
Uganda Injectable Name and Package Test - 1996	Probe Market Research	July 1996	SOMARC III
Uganda Pre-Test of Injectable Insert		May 1996	SOMARC III
Provider Attitudes and Experiences with Depo-Provera: Key Findings from Informative Interviews with Private Providers in Uganda	N.Kanesathan	December 1995	SOMARC III
Focus Group Research on Injectables in Uganda	MAKERERE UNIVERSITY, FACULTY OF SOCIAL SCIENCES	October 1995	SOMARC III
Contraceptive Distribution Check, Uganda: Final Report SOMARC III	RESEARCH INTERNATIONAL  EAST AFRICA		June 1995
Re-Test of Low Literacy Usage Instructions for Pilplan	A.Wandera-Nabaho	May 1994	SOMARC III
<b>UZBEKISTAN</b>			
Technical Report on Service Provider Survey Project in Uzbekistan (Tashkent and Samarkand cities)	EXPERT	June 1997	SOMARC III
1995 PRETEST RESULTS OF THE INJECTABLE AND CONDOM ADVERTISING MATERIALS IN UZBEKISTAN: A FOCUS GROUP EXPLORATION--FINAL REPORT	SOMARC III CENTER	EXPERT SOCIOLOGICAL	July
1995 REPORT ABOUT PRETEST OF INJECTABLE AND CONDOM ADVERTISING MATERIALS--VOLUME II: MODERATORS' REPORTS	SOMARC III CENTER	EXPERT SOCIOLOGICAL	July
1995 PRETEST RESULTS FOR CONSUMER BROCHURES AND OC INSTRUCTIONAL INSERT--VOLUME I	SOMARC III CENTER	EXPERT SOCIOLOGICAL	June

## SOMARC III TRIP REPORTS

29-Oct-98

COUNTRY	TITLE	AUTHOR	PROJECT
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### BOLIVIA

	TRIP REPORT--BOLIVIA, OCTUBRE 18-24 DE 1992	D.MEJIA	SOMARC III
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	TRIP REPORT--BOLIVIA, FEBRUARY 6-13, 1993	C.H.SAAVEDRA, D.MEJIA	SOMARC III
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	TRIP REPORT--BOLIVIA, NOVEMBER 27-DECEMBER 8, 1993	D.MEJIA	SOMARC III
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	TRIP REPORT--BOLIVIA, APRIL 4-15, 1994	C.LOPEZ,D.MEJIA,S.PLATA,J. M.URRUTIA	SOMARC III
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	TRIP REPORT--BOLIVIA, MAY 18-26, 1994	C.LOPEZ	SOMARC III
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	TRIP REPORT--BOLIVIA, JULY 24-30, 1994	C.LOPEZ	SOMARC III
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	TRIP REPORT--BOLIVIA, OCTOBER 16-21, 1994	C.LOPEZ	SOMARC III
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	TRIP REPORT--BOLIVIA, JANUARY 22-28, 1995	C.L.CASTILLO	SOMARC III
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	TRIP REPORT--BOLIVIA, MARCH 27-31, 1995	C.CASTILLO	SOMARC III
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### BRAZIL



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--BRAZIL, NOVEMBER 2-5, 1993	J.M.URRUTIA	SOMARC III
	TRIP REPORT--BRAZIL, JANUARY 25-28, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--BRAZIL, MAY 30-JUNE 3, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--BRAZIL, JULY 25-29, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--BRAZIL, SEPTEMBER 27-OCTOBER 1, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--BRAZIL, NOVEMBER 27-DECEMBER 2, 1994	D.MEJIA,J.M.URRUTIA	SOMARC III
	TRIP REPORT--BRAZIL, JANUARY 29-FEBRUARY 3, 1995	J.M.URRUTIA,D.MEJIA	SOMARC III
	TRIP REPORT--BRAZIL-MIAMI, FEBRUARY 23-25, 1995	D.M.FLOREZ	SOMARC III
	Meet with LIUSH reps for Latin America about condom distribution		
	TRIP REPORT--BRAZIL, APRIL 10-13, 1995	J.M.URRUTIA	SOMARC III
	Advertising agency selection		
	TRIP REPORT--BRAZIL, MAY 14-20, 1995	D.FLOREZ	SOMARC III
	TRIP REPORT--BRAZIL, AUGUST 20-26, 1995	D.FLOREZ	SOMARC III

TRIP REPORT--BRAZIL, APRIL 8-12, 1996

J.C.NEGRETTE

SOMARC III

Review marketing activities implementation by CEPEO and PROSEX distribution and promotion plans

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--BRAZIL, OCTOBER 17-21, 1996	D.FLOREZ	SOMARC III
	Assist POPTECH consultants who were evaluating the CSM project being developed by CEPEO.		
D.MEJIA, B.B.RAV	TRIP REPORT--TECHNICAL ASSISTANCE TO BEMFAM/PROSEX PROJECT, RIO DE JANEIRO, BRAZIL, JANUARY 8-12, 1997	SOMARC III ENHOLT	P.ALLMAN,
	Technical assistance to BEMFAM in the implementation of its PROSEX condom projects. The primary objective of the PROSEX project is to enhance the financial sustainability of BEMFAM. Includes as appendices: Outline Strategies for Sustainability: BEMFAM and PROSEX Promotional Plan.		
	TRIP REPORT--BRAZIL, JUNE 26-JULY 2, 1997	F.GARCIA	SOMARC III
	Meetings held with PHARMACIA-UPJOHN to negotiate points of the launching of the social marketing product; BEMFAM to discuss the PROSEX PROJECT and expansion of their laboratory; PATHFINDER to discuss the DEPO-PROVERA launch; public relations and advertising firms in Sao Paulo.		
	TRIP REPORT--BRAZIL, JULY 14-21, 1997	P.ALLMAN, F.GARCIA	SOMARC III
	Meetings with BEMFAM to discuss the PROSEX Project and the expansion of their laboratories, public relations and advertising agencies in Sao Paulo; marketing department of PHARMACIA-UPJOHN to discuss next steps for launching DEPO-PROVERA in Brazil.		
	TRIP REPORT--BRAZIL, JULY 30-AUGUST 15, 1997	F.GARCIA	SOMARC III
	Meetings with BEMFAM and PHARMACIA-UPJOHN as well as research companies specializing in the pharmaceutical industry.		
	TRIP REPORT--BRAZIL, AUGUST 13-26, 1997	J.SERVIN	SOMARC III
	Feasibility of BEMFAM clinical testing labs in Rio de Janeiro and Recife and develop a three-year business plan.		
	TRIP REPORT--BRAZIL, AUGUST 25-SEPTEMBER 5, 1997	F.GARCIA	SOMARC III
	Activities related to the PROSEX condoms project, launch of DEPO-PROVERA, and public relations campaign. A presentation to the Ministry of Health and the DEPO-PROVERA seminar were discussed as possible media PR events. BEMFAM survey results were discussed and a business plan will be developed.		
	TRIP REPORT--BRAZIL, SEPTEMBER 22-29, 1997	F.GARCIA	SOMARC III
	Meetings to discuss the social marketing program launch of Depo-Provera in Brazil.		
	TRIP REPORT--BRAZIL, OCTOBER 11-18, 1997	D.BENNETT	SOMARC III
	Technical assistance in the public relations activity as well as master media training sessions to support the injectable DEPO-PROVERA in both the commercial and public sector markets. Appendices contain the PR plan, marketing plan and media book.		

Meetins with PHARMACIA/ UPJOHN to start the implementation of a social marketing program for DEPO-PROVERA in Brazil.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--BRAZIL, NOVEMBER 19-21, 1997	F.GARCIA	SOMARC III
	Participate in an injectables seminar in Brasilia organized by the Population Council, UNFAP, and the Brazilian Ministry of Health.		
	TRIP REPORT--BRAZIL, DECEMBER 11-15, 1997	F.GARCIA	SOMARC III
	Meetings with PHARMACIA/UPJOHN (advertising campaign), ZDL(distribution of condoms at soccer games), BEMFAM (business plan).		
	TRIP REPORT--BRAZIL, JANUARY 19-22, 1998	F.GARCIA	SOMARC III
	Review a 5-year business plan for Bemfam. The objective of the plan was to identify new areas of potential revenue, and to help Bemfam reach sustainability.		
	TRIP REPORT--BRAZIL, FEBRUARY 18,26 & MARCH 4-6, 1998	F.GARCIA	SOMARC III
	Meetings with ZDL to discuss next steps for the Depo-Provera public relations campaign. Action plan includes using the athlete Ms. Ana Paula Conally as a celebrity user of Depo-Provera. At meeting with USAID, the 3-year Bemfam business plan was presented. Meetings were also held to discuss the implementation of the advertising campaign for Depo-Provera. Meetings at Pharmacia & Upjohn addressed issues of political influence, negative reactions, and advertising. Meetings were held with various CAs in Brazil to coordinate responses to issues related to the Depo-Provera launch.		
	TRIP REPORT--BRAZIL, MAY 25-JUNE 10, 1998	F.GARCIA	SOMARC III
	Meetings with ZDL (public relations campaign for Depo-Provera), SB Group (implementation of injectable advertising campaign), Bemfam (Prosex marketing program), Pharmacia & Upjohn (advertising for injectable).		
<b>CENTRAL ASIA</b>			
	TRIP REPORT--CENTRAL ASIAN REPUBLICS, DECEMBER 7-11, 1992	V.BAIRD	SOMARC III
	TRIP REPORT--UZBEKISTAN, KYRGYZSTAN, KAZAKHSTAN, MARCH 1-18, 1993	V.BAIRD,B.O'HANLON	SOMARC III
	WOMEN'S REPRODUCTIVE HEALTH SERVICES EXPANSION PROJECT: CENTRAL ASIAN REPUBLICS QUARTERLY REPORTS		SOMARC III
	There is a generic quarterly report trip report folder (yellow accordian). There is a notebook with a single copy of each in the SOMARC LIBRARY. There is a master file in Trip Report Masters. There is a CT TRC copy of the compilation. Last copy is #12 (Jul-Sept 1996).		

TRIP REPORT--CENTRAL ASIAN REPUBLICS: UZBEKISTAN, KAZAKHSTAN,  
D.LEVY,B.O'HANLON,B.JABRE, SOMARC III  
KRYGYZSTAN, OCTOBER 2-22, 1993 G.SAFFITZ,C.HUSMAN

TRIP REPORT--KAZAKSTAN-CENTRAL ASIAN REPUBLIC, MARCH 20-APRIL  
SOMARC III  
7, 1994

C.CISEK,D.LEVY

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--KAZAKHSTAN, APRIL 5-15, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--KAZAKHSTAN, APRIL 10-23, 1994	R.THOMPSON	SOMARC III
	TRIP REPORT--UZBEKISTAN, APRIL 18-22, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--UZBEKISTAN, MAY 30-JUNE 17, 1994	D.WEAR	SOMARC III
	TRIP REPORT--KAZAKSTAN, JUNE 18-JULY 8, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--CENTRAL ASIAN REPUBLIC OF KAZAKSTAN, JUNE 28-JULY 9, 1994 SOMARC III		T.LEVY
	TRIP REPORT--KAZAKHSTAN, JULY 13-AUGUST 6, 1994	S.SMITH	SOMARC III
	TRIP REPORT--KAZAKHSTAN, SEPTEMBER 8-17, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--KAZAKSTAN, AUGUST 9-20, 1994	R.THOMPSON	SOMARC III
	TRIP REPORT--KAZAKSTAN, SEPTEMBER 2-23, 1994 & TURKEY, AUGUST 29-SEPTEMBER 1, 1994, SEPTEMBER 24-26, 1994 SOMARC III		S.MCCOMBIE

TRIP REPORT--UZBEKISTAN-CENTRAL ASIAN REPUBLIC, SEPTEMBER  
SOMARC III  
13-OCTOBER 1, 1994

C.CISEK, D.WEAR

TRIP REPORT--KYRGYZSTAN, SEPTEMBER 18-OCTOBER 1, 1994 M.HAIDER

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--CENTRAL ASIAN REPUBLIC OF KAZAKSTAN, OCTOBER SOMARC III 11-22, 1994		T.LEVY
	TRIP REPORT--KAZAKHSTAN, OCTOBER 13-19 & NOVEMBER 7-14, 1994 SOMARC III		S.SMITH
	Advertising pretest results		
	TRIP REPORT--KAZAKHSTAN, OCTOBER 20-NOVEMBER 10, 1994	R.THOMPSON, L.WOODRUFF	SOMARC III
	TRIP REPORT--UZBEKISTAN, OCTOBER 26-NOVEMBER 3, 1994	S.SMITH	SOMARC III
	TRIP REPORT--UZBEKISTAN, DECEMBER 6-19, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--UZBEKISTAN, JANUARY 22-FEBRUARY 4, 1995	A.ALIMZHANOV,R.ROMANO,R.TH OMPSON	SOMARC III
	TRIP REPORT--UZBEKISTAN, JANUARY 24-FEBRUARY 16, 1995	S.SMITH	SOMARC III
	TRIP REPORT--KAZAKHSTAN, JANUARY 24-FEBRUARY 8, 1995	E,OTTOLENGHI,M.HAIDER	SOMARC III
	TRIP REPORT--KAZAKHSTAN, JANUARY 28-FEBRUARY 2, 1995	R.THOMPSON	SOMARC III
	TRIP REPORT--KAZAKHSTAN & KYRGYZSTAN, JANUARY 30-FEBRUARY 14, SOMARC III 1995		T.D.LEVY

TRIP REPORT--UZBEKISTAN-CENTRAL ASIAN REPUBLIC, JANUARY C.CISEK  
31-FEBRUARY 10, 1995

SOMARC III

TRIP REPORT--UZBEKISTAN CSM PROJECT PILOT PROGRAM  
COMMUNICATIONS PLAN, MARCH 1995

SOMARC III

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--KAZAKHSTAN, MARCH 24-APRIL 6, 1995  Public relations & communications technical assistance	L.WOODRUFF	SOMARC III
	TRIP REPORT--UZBEKISTAN, MARCH 25-APRIL 10, 1995	M.HAIDER	SOMARC III
	TRIP REPORT--UZBEKISTAN, APRIL 9-15, 1995	A.ALIMZHANOV,R.ROMANO	SOMARC III
	TRIP REPORT--UZBEKISTAN, MAY 15-JUNE 2, 1995  Advertising pretest results	S.SMITH	SOMARC III
	TRIP REPORT--UZBEKISTAN, MAY 28-JUNE 3, 1995	R.ROMANO	SOMARC III
	TRIP REPORT--UZBEKISTAN, JUNE 11-JULY 1, 1995	M.HAIDER	SOMARC III
	TRIP REPORT--UZBEKISTAN/KAZAKSTAN, JULY 16-29, 1995	A.ALIMZHANOV, R.THOMPSON	SOMARC III
	TRIP REPORT--UZBEKISTAN, SEPTEMBER 3-10, 1995	R.ROMANO	SOMARC III
	TRIP REPORT--KAZAKSTAN, KYRGYZSTAN, UZBEKISTAN, SEPTEMBER 5-23, 1995		T.LEVY
	TRIP REPORT--UZBEKISTAN AND KYRGYZSTAN, SEPTEMBER 12-OCTOBER 27, 1995	M.HAIDER,R.SABITOVA SOMARC III	

TRIP REPORT--KAZAKHSTAN, SEPTEMBER 19-23, 1995

T.BAUGH

SOMARC III

TRIP REPORT--KAZAKSTAN/UZBEKISTAN, OCTOBER 2-21, 1995

R.LEAVELL

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--UZBEKISTAN, FEBRUARY 3-10, 1996	R.ROMANO	SOMARC III
	Review public relations activities		
	TRIP REPORT--CENTRAL ASIAN REPUBLICS, FEBRUARY 6-24, 1996	T.LEVY	SOMARC III
	Review CSM: Uzbekistan (advisory board meeting, advertising reviewed; Kyrgystan (marketing support ofr distribution; Kazakstan (franchise plan)		
	TRIP REPORT--TURKMENISTAN, MAY 27-31, 1996	D.RUSCHMAN, A.ALIMZHANOV	SOMARC III
	To assess the potential for expanding the SOMARC Regional Program in Central Asia to Turkmenistan.		
	TRIP REPORT--ALMATY, KAZAKSTAN, JULY 1-20, 1996	S.MCCOMBIE, C.BICKERT	SOMARC III
	Technical assistance to BRIF for the SOMARC tracking surveys. Questionnaires were pretested and finalized, interviewer training was conducted.		
	TRIP REPORT--ALMATY, KAZAKSTAN, SEPTEMBER 9-20, 1996	J.MCGINNIS	SOMARC III
	To provide techincal assistance to SOMARC-CAR'S project in developing a marketing handbook/guide for use in the pharmaceutical industry and to review a franchise manual developed by Sibley Intl for retail pharmacies.		
R.ROMANO	TRIP REPORT--TASHKENT AND SAMARKAND, UZBEKISTAN/ALMATY, SOMARC III KAZAKSTAN, SEPTEMBER 19-OCTOBER 3, 1996		D.BENNETT,
	Technical assistance with scopes of work including logistics and organization of the Uzbekistan Reproductive Health Advisory Board meeting and the development of a new communications campaign for the 1997 Red Apple Program. In Kazakstan a communications plan was developed for the Red Apple Pharmacy Franchise.		
	TRIP REPORT--ALMATY ET AL, OCTOBER 7-16, 1996	D.LEVY	SOMARC III
	Purpose of the trip was to monitor the social marketing program in Kazakstan, Kyrgyzstan, and Uzbekistan and to assist in planning activities for the following fiscal year. A scope of work and budget was developed and proposed to continue the social marketing program in Central Asia and to expand the activities to include Turkmenistan. Regional expansion in Kazakstan and Uzbekistan are also expected.		
	TRIP REPORT--ALMATY, KAZAKSTAN, JANUARY 20-22, 1997	M.GOKUN SILVER	SOMARC III
	Coordinate the upcoming USAID evaluation of the SOMARC regional programs.		
	TRIP REPORT--ALMATY, KAZAKSTAN, FEBRUARY 17-22, 1997	M.GOLKUN SILVER	SOMARC III
	Assistance to USAID evaluation team.		

Technical assistance to Red Apple program distributors in areas of franchising and quality customer service.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--ALMATY, KAZAKSTAN, JUNE 16-20, 1997	M.GOLKUN SILVER	SOMARC III
	Draft the Uzbekistan workplan for FY 1996 and FY 1997.		
	TRIP REPORT--CENTRAL ASIAN REPUBLICS, JULY 13-AUGUST 11, 1997 SOMARC III		P.FOLEY
	Presentation to USAID mission on SOMARC framework for sustainability and work with regional manager to write workplans and new contract budget and finalize the plans with USAID.		
	TRIP REPORT--ASHGABAT, TURKMENISTAN, JULY 28-AUGUST 1, 1997 SOMARC III		D.RUSCHMAN
	Purpose of this trip was to reassess the current commercial and governmental environment as it relates to the possible introduction of a CSM project and to look at the activities of other USAID contractors and how they might overlap/integrate with those proposed for SOMARC.		
	TRIP REPORT--TASHKENT, UZBEKISTAN, AUGUST 5-8, 1997	D.RUSCHMAN	SOMARC III
	Purpose of the trip was to acquaint Peter Foley with the SOMARC/UZBEKISTAN program and to finalize the draft 1997-1998 Uzbekistan workplan.		
	TRIP REPORT--ALMATY, KAZAKSTAN, OCTOBER 14-24, 1997	R.THOMPSON	SOMARC III
	Technical assistance in the development of a new FY1996 and FY 1997 communications plan, including the development of a new consumer communications campaign for the Red Apple Program, with the major focus of increasing sales of the pill. Appendix is the "Red Apple FY 1996-FY 1997 Communications Plan".		
S.MORCH	TRIP REPORT--ALMATY, KAZAKSTAN & TASHKENT, UZBEKISTAN, JANUARY SOMARC III 1-31, 1998		R.THOMPSON,
	Technical assistance and oversight in the development, pretesting, and production of the FY 1997 tv and radio ad campaign and introductory lifestyle feature tv (Kazakstan) and radio (Uzbekistan) programs, the development of a Quality Customer Service detailer and pharmacist training plan and schedule, the establishment of a Contraceptive Information Hotline, and the development of media and public relations plans.		
CHILE			
	TRIP REPORT--CHILE, APRIL 2-9, 1995	D.M.FLOREZ	SOMARC III
	CSM assessment		
DOMINICAN REPUBLIC			
	TRIP REPORT--DOMINICAN REPUBLIC, NOVEMBER 2-5, 1993	C.BERISTAIN	SOMARC III

## ECUADOR

TRIP REPORT--ECUADOR, SEPTEMBER 27-OCTOBER 8, 1993

D,MEJIA

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--LATIN AMERICA/ECUADOR, JANUARY 10-21, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--ECUADOR, JANUARY 8-13, 1995	D.MEJIA	SOMARC III
	TRIP REPORT--ECUADOR, FEBRUARY 13-18, 1995	C.CASTILLO,D.MEJIA FLOREZ	SOMARC III
	TRIP REPORT--ECUADOR, APRIL 2-8, 1995	C.CASTILLO	SOMARC III
	CEMOPLAF and APROFE work plans		
	TRIP REPORT--ECUADOR, JUNE 29-JULY 14, 1995	D.M.FLOREZ,C.CASTILLO	SOMARC III
	Pharmacist training		
	TRIP REPORT--ECUADOR, SEPTEMBER 4-9, 1995	C.L.CASTILLO	SOMARC III
	TRIP REPORT--ECUADOR, OCTOBER 22-28, 1995	C.L.CASTILLO	SOMARC III
	Technical assistance to CEMOPLAF'S CSM program (advertising agency selection, marketing plan)		
	TRIP REPORT--ECUADOR, DECEMBER 10-15, 1995	C.L.CASTILLO	SOMARC III
	Technical assistance to CEMOPLAF's CSM program (personel, advetising, relaunch, budget)		
	TRIP REPORT--ECUADOR, FEBRUARY 4-9, 1996	J.C.NEGRETTE, C.L.CASTILLO	SOMARC III
	Technical assistance for CEMOPLAF'S CSM program, review workplan		
	TRIP REPORT--QUITO, ECUADOR, MAY 25-31, 1997	D.MEJIA	SOMARC III
	Technical assistance to CEMOPLAF CSM to plan strategies and next steps into 1998.		

## EGYPT



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--EGYPT, 29 OCTOBER-18 NOVEMBER 1993	B.RAVENHOLT	SOMARC III
	TRIP REPORT--EGYPT, NOVEMBER 1-24, 1993	R.GEARY	SOMARC III
	TRIP REPORT--EGYPT CONTRACEPTIVE SOCIAL MARKETING PROGRAM, SOMARC III JANUARY 12-FEBRUARY 4, 1994  Guidance to the advertising agency in developing communications plan (creative concepts, packaging, promotional material, media planning).		S.MORCH
	TRIP REPORT--EGYPT, APRIL 25-MAY 2, 1994	A.SCHNEIDER	SOMARC III
	TRIP REPORT--EGYPT, MAY 27-JUNE 10, 1994 & JUNE 23-30, 1994	S.MORCH	SOMARC III
	TRIP REPORT--EGYPT, SEPTEMBER 21-24, 1994	V.BAIRD	SOMARC III
	TRIP REPORT--EGYPT, FEBRUARY 11-19, 1995  Depo-Provera launch plans	S.PLATA,A.SCHNEIDER	SOMARC III
	TRIP REPORT--EGYPT, FEBRUARY 24-MARCH 10, 1995	R.GEARY	SOMARC III
	TRIP REPORT--EGYPT, SEPTEMBER 30-OCTOBER 26, 1995	J.PORTUGILL	SOMARC III
	TRIP REPORT--EGYPT, APRIL 4-23, 1996  Technical assistance to develop strategic plan for transition from CSM to private sector	J.PORTUGILL	SOMARC III

Technical assistance trip with the basic objective of supervising and monitoring an orderly closedown of SOMARC activities in Egypt

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--CAIRO, EGYPT, SEPTEMBER 7-12, 1996	V.BAIRD	SOMARC III
	Assistance in the close-out of the SOMARC office and discussion with USAID/Cairo on the use of funds to continue advertising support for social marketing products.		
	TRIP REPORT--EGYPT, SEPTEMBER 6-13, 1996: SOMARC EGYPT PROJECT SOMARC III FINAL REPORT, JANUARY 1993-JUNE 30, 1996  SOMARC Egypt Project Final Report, January 1993-June 30, 1996.		J.PORTUGILL
<b>EL SALVADOR</b>			
	TRIP REPORT--EL SALVADOR, JUNE 4-11, 1994	C.LOPEZ	SOMARC III
	TRIP REPORT--EL SALVADOR, MAY 22-30, 1995	C.CASTILLO	SOMARC III
	Marketing strategy		
	TRIP REPORT--EL SALVADOR, DECEMBER 4-9, 1995	C.L.CASTILLO	SOMARC III
	Technical assistance to ADS CSM program (market research on oral product)		
	TRIP REPORT--EL SALVADOR, MARCH 17-30, 1996	J.C.NEGRETTE, D.M.FLOREZ, C.L.CASTILLO	SOMARC III
	Contraceptive technology workshop for ADS training, review KAP, evaluate ADS CSMP		
	TRIP REPORT--EL SALVADOR, MAY 12-18, 1996	J.C.NEGRETTE	SOMARC III
	To continue assessment begun in March, technical assistance to negotiations between ADS and Schering, review administrative sales procedures and distribution.		
	TRIP REPORT--EL SALVADOR, SEPTEMBER 8-13, 1996	J.C.NEGRETTE	SOMARC III
	Review the KAP study, design PERLA-DUOFEM launch, begin ADS's marketing plan for CSM, review new administrative procedures.		
	TRIP REPORT--EL SALVADOR, JUNE 29-JULY 5, 1997	J.NEGRETTE	SOMARC III
	Technical assistance to ADS in the area of marketing (price policies, advertising agency, sales analysis, MIS, POS audit).		

## **GHANA**

TRIP REPORT--GHANA FAMILY PLANNING AND HEALTH PROJECT, R.THOMPSON,K.JOHNSON  
SEPTEMBER 26-OCTOBER 7, 1995

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--GHANA: SPECIAL STUDY, NOVEMBER 5-15, 1995	D.KRESS	SOMARC III
	TRIP REPORT--GHANA, NOVEMBER 27-DECEMBER 9, 1995	O.CHABBERT	SOMARC III
	Practical field-based assessment of existing commerical structures to organize CSM product distribution		
	TRIP REPORT--GHANA, FEBRUARY 6-17, 1996	R.THOMPSON	SOMARC III
	Technical assistance to the Ghana Social Marketing Foundation and its public relations consultants, Lintas/Advantage Public Relations. The subjects covered included media training and advocacy.		
	TRIP REPORT--GHANA, MARCH 16-23, 1996	K.FOREIT, K.MEYER-RAMIREZ	SOMARC III
	Facilitate a workshop on research report writing for GSMF and partners		
	TRIP REPORT--GHANA, NOVEMBER 24-DECEMBER 1, 1996; UGANDA, SOMARC III NOVEMBER 10-22, 1996;		R.RAMLOW
	To facilitate a study tour. THERE IS ALSO AN ENTRY FOR UGANDA AND A COPY OF THE REPORT IS FILED THERE TOO.		
	TRIP REPORT--GHANA, MARCH 24-30, 1997	L.WOODRUFF	SOMARC III
	Conduct a presentation on the role of communications in advocacy and coalition building during a three-day National Advocacy Workshop, held by the NPC Secretary.		
	TRIP REPORT--GHANA, OCTOBER 27-NOVEMBER 21, 1997	R.LOGANATHAN	SOMARC III
	ASSIST IN IMPLEMENTING THE GHANA PSYCHOGRAPHIC SURVEY.		
	TRIP REPORT--GHANA, JULY 15-24, 1998	K.FOREIT	SOMARC III
	To work with the GSMF to draft a results framework, review official information with the Ghana Pharmacy Council, assist GSMF with planning for second nationwide retail check.		
GUATEMALA			
	TRIP REPORT--GUATEMALA, FEBRUARY 9-15, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--GUATEMALA, JUNE 12-17, 1994	J.M.URRUTIA	SOMARC III

TRIP REPORT--GUATEMALA, OCTOBER 24-28, 1994

C.BERISTAIN

SOMARC III

I PROFASA plans

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--GUATEMALA, MAY 28-JUNE 9, 1995	D.FLOREZ	SOMARC III
	TRIP REPORT--GUATEMALA, SEPTEMBER 3-9, 1995	D.FLOREZ	SOMARC III
	TRIP REPORT--GUATEMALA, DECEMBER 3-12, 1995	D.M.FLOREZ	SOMARC III
	Review implementation status and analyze self-sufficiency plan		
	TRIP REPORT--GUATEMALA, APRIL 28-MAY 4, 1996	D.FLOREZ	SOMARC III
	Review the current status of the self-sufficiency plan; establish and clarify TFG/SOMARC responsibilities on the technical assistance being provided; provide technical assistance to IPROFASA.		
	TRIP REPORT--GUATEMALA, SEPTEMBER 29-OCTOBER 4, 1996	J.C.NEGRETTE	SOMARC III
	Evaluate self-sufficiency status of IPROFASA as of 8/31/96; the status of the Scudo condom ad campaign and retail audit. A timetable was developed for SOMARC'S involvement with IPROFASA through 4/97. The full report on IPROFASA self-sufficiency is an appendix.		
	TRIP REPORT--GUATEMALA, DECEMBER 8-13, 1996	J.C.NEGRETTE	SOMARC III
FOR IPROFASA, (ECO YOUNG & AGAINST	REVIEW OF ARTHUR ANDERSEN'S WORK ON DEVELOPING A MORE EFFICIENT SYSTEM FOR FINANCIAL ANALYSIS REVIEW WORK ON MARKETING PLAN FOR IPROFASA (ARAGON Y ASOCIADOS), REVIEW SCUDO ORO CAMPAIGN (RUBICAM). APPENDICES INCLUDE THE ANDERSEN REPORT ON A FINANCIAL ANALYSIS SYSTEM, PRESS CLIPPINGS CONTRACEPTIVE USE, A SOPORTE OUTLINE FOR A RETAIL AUDIT OF CONDOMS.		
<b>HAITI</b>			
	TRIP REPORT--HAITI, FEBRUARY 28-MARCH 4, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--HAITI, MAY 10-13, 1994	J.M.URRUTIA	SOMARC III
	TRIP REPORT--HAITI, NOVEMBER 14-18, 1994	G.BACHMAN,J.M.URRUTIA	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--HAITI, MARCH 5-14, 1995	G.BACHMAN,C.JOHNSTON	SOMARC III
	TRIP REPORT--HAITI, MAY 15-19, 1995	J.M.URRUTIA	SOMARC III
	Advertising and training agency proposals		
	TRIP REPORT--HAITI, JULY 9-30, 1995	L.COGSWELL	SOMARC III
	TRIP REPORT--HAITI, FEBRUARY 5-9, 1996	G.BACHMAN, D.BENNETT	SOMARC III
	Develop a public relations plan		
	TRIP REPORT--HAITI, MAY 5-14, 1996	G.BACHMAN	SOMARC III
	Activities for launch of PILPLAN (oral) AND CONFIANCE (injectable)		
	TRIP REPORT--HAITI, JUNE 23-JULY 4, 1996	G.BACHMAN	SOMARC III
	Assistance to Sante Plus (implementing agency) and its director; meetings with the advertising, research and training agencies in support of the introduction of the two new products, Pilplan and Confiance.		
	TRIP REPORT--HAITI, JUNE 23-JULY 3, 1996	D.BENNETT	SOMARC III
	Technical assistance to the resident advisor on the official launch of the contraceptive injectable and to the public relations consultant for media training, a crisis communication plan and media placement.		
<b>HONDURAS</b>			
	TRIP REPORT--HONDURAS, MAY 30-JUNE 2, 1994	C.BERISTAIN	SOMARC III
	TRIP REPORT--HONDURAS, OCTOBER 5-7, 1994	J.M.URRUTIA,C.BERISTAIN	SOMARC III
	Financial management workshop		
	TRIP REPORT--HONDURAS, MAY 10-13, 1995	J.M.URRUTIA	SOMARC III
	ASHONPLAFA retreat		

TRIP REPORT--HONDURAS, MAY 29-JUNE 2, 1995

C.BERISTAIN

SOMARC III

Meetings cancelled

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--HONDURAS, SEPTEMBER 26-28, 1995	C.BERISTAIN	SOMARC III
	Interviews for marketing position at ASHONPLAFA		
	TRIP REPORT--HONDURAS, JANUARY 22-26, 1996	J.C.NEGRETTE, C.BERISTAIN	SOMARC III
	Identify areas of priority for TA related to promotion and sales of CSM products and services		
	TRIP REPORT--HONDURAS, MARCH 4-8, 1996	D.M.FLOREZ, C.BERISTAIN	SOMARC III
	Review ASHONPLAFA'S workplan		
	TRIP REPORT--HONDURAS, MARCH 2-7, 1997	J.C.NEGRETTE	SOMARC III
	Technical assistance to ASHONPLAFA that included: sales analysis, review of distribution performance, verify legal status for Perla-Duofem, contact ad agencies and research companies for work on Guardian condom campaign.		
	TRIP REPORT--HONDURAS, MAY 11-17, 1997	J.NEGRETTE	SOMARC III
	Technical assistance to ASHONPLAFA in the area of marketing (distribution analysis, financial analysis of CSM, sales analysis, arrangements for workshop on marketing, selection of research and advertising agencies).		
	TRIP REPORT--HONDURAS, JULY 21-25, 1997	J.C.NEGRETTE	SOMARC III
	Technical assistance to ASHONPLAFA in sales supervision, implementation of the advertising campaign, mystery shopper visits to pharmacies, hold a marketing of health services workshop for ASHONPLAFA personnel.		
	TRIP REPORT--HONDURAS, SEPTEMBER 2-5, 1997	J.C.NEGRETTE	SOMARC III
	Technical assistance to ASHONPLAFA to supervise implementation stage of GUARDIAN condom promotional campaign and to attend a CA coordination meeting.		
<b>HUNGARY</b>			
	TRIP REPORT--BUDAPEST, HUNGARY, SEPTEMBER 1998	D.BENNETT	SOMARC III
	To meet with representatives from Gedeon Richter, Ltd.		
<b>INDIA</b>			
	TRIP REPORT--INDIA, SEPTEMBER 7-10, 1993	R.LEAVELL	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--INDIA, DECEMBER 10-11, 1993	S.TIPPING	SOMARC III
	CSM ASSESSMENT WITHIN THE PRIVATE SECTOR IN INDIA, JANUARY SOMARC III 29-MARCH 19, 1994		B.DEOLALIKAR
	TRIP REPORT--INDIA, FEBRUARY 21-MARCH 16, 1994	R.LEAVELL	SOMARC III
	TRIP REPORT--INDIA, APRIL 11-15, 1994	R.LEAVELL,S.DAS-MUKERJI	SOMARC III
	TRIP REPORT--INDIA, APRIL 28-MAY 6, 1994	S.TIPPING	SOMARC III
	TRIP REPORT--INDIA, AUGUST 21-SEPTEMBER 3, 1994	T.BAUGH	SOMARC III
	TRIP REPORT--INDIA, SEPTEMBER 1-9, 1994	R.LEAVELL	SOMARC III
	TRIP REPORT--INDIA, DECEMBER 10-20, 1994	L.HILL	SOMARC III
	TRIP REPORT--INDIA, MAY 10-25, 1995	L.HILL,C.JOHNSTON	SOMARC III
	Market research and public relations review		
	TRIP REPORT--INDIA, MAY 3-13, 1996	D.BENNETT	SOMARC III
	Public relations and communications strategy		
	TRIP REPORT--INDIA, MAY 5-13, 1996	D.MCGUIRE	SOMARC III

Technical and administrative support to the Uttar Pradesh social marketing project; meetings with subcontractors; field visits; meetings with representatives of other organizations (PACT-CCRH, HPN staff).

TRIP REPORT--INDIA, JULY 4-11, 1996 AND SEPTEMBER 18-20, 1996 A.SCHNEIDER

SOMARC III

Research scope of work for PACT-CRH.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--INDIA, NOVEMBER 6-19, 1996	D.BENNETT	SOMARC III
	Conduct master media training course, evaluate public relations, technical assistance for the launch of the "Children by Choice, Not Chance" consumer education program, produce a video news release on the program. Appendices include the video news release scrip (English and Hindi), press kit materials (English).		
	TRIP REPORT--INDIA, DECEMBER 3-12, 1996	V.BAIRD, D.MCGUIRE	SOMARC III
	Begin implementation of the PACT-CRH Project through meetings with PHN/NEW DELHI, PSI, AND PSS. Finalize key elements of the secondary research report on contraceptive marketing. A summary of the key issues is in an appendix.		
	TRIP REPORT--INDIA, FEBRUARY 2-14, 1997	D.MCGUIRE	SOMARC III
	Meetings with PACT-CRH and ICICI to discuss next steps and progress in recruiting private partners. Technical assistance to the U.P. Social Marketing Project and meetings with subcontractors PSI and PSS.		
	TRIP REPORT--INDIA, FEBRUARY 3-19, 1997	V.BAIRD	SOMARC III
	Continuation of work on the PACT-CRH Project: meet with the leading manufacturers of oral contraceptives and injectables in order to outline a proposal for their involvement in the project.		
	TRIP REPORT--INDIA, JUNE 30-JULY 18, 1997	R.LEAVELL	SOMARC III
	Develop details for new strategies to expand distribution and sales of oral contraceptives in 4 states of India of the Program for the Advancement of Commercial Technology-Child and Reproductive Health (PACT-CRH).		
	TRIP REPORT--INDIA, MAY 6, 1998	M.CANNON	SOMARC III
	To provide recommendations for agency management, communications and creative strategies, planned materials, estimated timeline, and media plan and budget summary. Also revise the advertising creative work strategy and create a new campaign and revised public relations campaign. The communications strategy is attached as an appendix.		
	TRIP REPORT--INDIA, MAY 13-31, 1997	T.LEVY	SOMARC III
	Technical assistance on IFPS in Uttar Pradesh and PACT-CRH.		
<b>INDONESIA</b>			
	TRIP REPORT--INDONESIA, APRIL 2-14, 1994	D.MCGUIRE	SOMARC III
	TRIP REPORT--INDONESIA & PHILIPPINES, OCTOBER 27-NOVEMBER 11, 1994		D.BENNETT,L.HILL



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--INDONESIA, JULY 16-26, 1996	S.MAHER, D.MCGUIRE	SOMARC III
	Marketing assessment of the Jaminan Pelayanan Kesehatan Masyarakat (JPKM) managed care integrated trial in Klaten. The assessment included briefings in Jakarta and a trip to Klaten to visit the trial site.		
	TRIP REPORT--INDONESIA, MAY 14-22, 1997	N.RODRIQUEZ	SOMARC III
	SOMARC Philippines Resident Manager travel to Indonesia to receive orientation to the Technical Leadership Program and technical advice on the workplan and budget through the end of September 1998.		
	TRIP REPORT--INDONESIA, AUGUST 17-23, 1997	T.LEVY	SOMARC III
	Supervise the transition of regional managers and review the programmatic and technical assistance requirements of the region.		
<b>JAMAICA</b>			
	TRIP REPORT--JAMAICA, NOVEMBER 19-DECEMBER 3, 1993	T.LEVY	SOMARC III
	TRIP REPORT--JAMAICA, MARCH 5-11, 1994	T.LEVY,K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, APRIL 15-26, 1994	T.LEVY	SOMARC III
	TRIP REPORT--JAMAICA, JULY 25-AUGUST 10, 1994	T.LEVY,K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, SEPTEMBER 6-23, 1994	K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, OCTOBER 18-NOVEMBER 4, 1994	K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, NOVEMBER 2-13, 1994	L.COGSWELL	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--JAMAICA, JANUARY 2-5, 1995	T.BAUGH	SOMARC III
	TRIP REPORT--JAMAICA, JANUARY 16-26, 1995	K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, FEBRUARY 13-MARCH 3, 1995	K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, MARCH 27-APRIL 6, 1995	K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, AUGUST 16-25, 1995	K.KINGFIELD	SOMARC III
	TRIP REPORT--JAMAICA, FEBRUARY 12-23, 1996	C.CISEK, K.KINGFIELD	SOMARC III
	Follow-up on project activities (new country manager, marketing plan, meetings, injectable script)		
	TRIP REPORT--JAMAICA, MARCH 10-15, 1996	C.CISEK	SOMARC III
	Review injectable advertising (Appendices:Final injectable TV script and draft pretest questionnaire for injectable TV script)		
	TRIP REPORT--JAMAICA, MAY 14-22, 1996	C.CISEK	SOMARC III
	Technical assistance to FPIP and follow-up Personal Choice CSM initiative (Appendices: Questionnaire for injection brochure, pharmacy checklist)		
	TRIP REPORT--JAMAICA (GEORGETOWN COURSE & JAMAICA STUDY TOUR), SOMARC III JUNE/JULY 1996		R.LOKKO, S.SAGOE
	The Ghana Social Marketing Foundation sent two participants to attend The Futures Group International and Georgetown University School of Business course in Management and Marketing for Social Change; to undergo internship with the Johns Hopkins Center for Communication; to work with T.Baugh & Co. on public relations and advocacy training; and to undertake a study tour of the family planning program in Jamaica.		
	TRIP REPORT--JAMAICA, SEPTEMBER 9-17, 1996	C.CISEK	SOMARC III

Review the status of the Personal Choice social marketing initiative, including the no-scalpel radio and print campaign and scheduling of pretests along with plans for launching the Personal Choice IUD. Meeting was held with distributors of the oral contraceptive.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--JAMAICA, JANUARY 26-31, 1997	C.CISEK	SOMARC III
	Meeting with Dunlop Corbin Compton Associates to review development of the new IUD and no-scapel vasectomy materials (radio spots, print ads, brochures), also meeting with Hope Enterprises to review the next steps for pretesting the new communications materials.		
	TRIP REPORT--JAMAICA, FEBRUARY 9-15, 1997	D.BENNETT	SOMARC III
	Preparation for the expansion of radio advertising and public relations activities for no-scapel vasectomy and launch of the IUD includes media training workshops, IUD workshop, vasectomy workshop.		
	TRIP REPORT--JAMAICA, MARCH 3-4, 1997	T.LEVY	SOMARC III
	Technical assistance on issues of OTC status of oral contraceptives, final marketing strategy for vasectomy and IUDS; plans for NFPB'S 35TH anniversary conference, review COUPLES CHOICE communications strategy with ad agency, and explore new social marketing opportunities.		
	TRIP REPORT--JAMAICA, MAY 26-JUNE 2, 1997	C.CISEK	SOMARC III
	Technical assistance under the Family Planning Initiatives Project (FPIP): review status of PERSONAL CHOICE'S communication activities, discuss final timing for the IUD launch; meet with new public relations agency; SOW for PERSONAL CHOICE adolescent assessment.		
	TRIP REPORT--JAMAICA, JUNE 1-7, 1997	D.BENNETT	SOMARC III
	Preparation for the product launch of the Copper-380A IUD into the Personal Choice program: technical assistance in selecting a public relations agency, develop pr strategy, evaluate media placement, techniques for media training.		
	TRIP REPORT--JAMAICA, OCTOBER 4-8, 1997	T.LEVY	SOMARC III
	Review with USAID and NFPB the progress of the PERSONAL CHOICE program, feasibility of test marketing the female condom, present paper at conference (paper included as appendix), explore opportunities for program development and expansion.		
	TRIP REPORT--JAMAICA, MARCH 1-6, 1998	C.CISEK	SOMARC III
	To assist in the development of the 1998 Personal Choice marketing plan, follow-up on training plans for the IUD, determine the next steps on the adolescent component for Personal Choice, review plans for evaluative research on Personal Choice.		
	TRIP REPORT--JAMAICA, MARCH 15-19, 1998	D.BENNETT	SOMARC III
	Preparatory work for the implementation of the public relations campaign for the Personal Choice CSM program. Technical assistance on interventions planned and design of a monitoring program, detailing team, and a telephone Help Line.		
	TRIP REPORT--PERSONAL CHOICE MARKETING PLAN 1998, THE JAMAICA		SOMARC III

SOMARC III  
FAMILY PLANNING INITIATIVES PROJECT

Personal Choice Marketing Plan 1998 of the Jamaica Family Planning Initiatives Project.

COUNTRY	TITLE	AUTHOR	PROJECT
JORDAN	TRIP REPORT--JORDAN, JANUARY 8-23, 1993	J.MOBARAK,B.RAVENHOLT	SOMARC III
	TRIP REPORT--JORDAN, FEBRUARY 13-MARCH 1, 1994	B.RAVENHOLT,S.GREGORY	SOMARC III
	TRIP REPORT--JORDAN, APRIL 4-10, 1994	S.GREGORY,J.BROWN	SOMARC III
	TRIP REPORT--JORDAN, MAY 30-JUNE3, 1994	S.GREGORY,J.BROWN	SOMARC III
	TRIP REPORT--JORDAN-TUNISIA, AUGUST 4-13, 1994	J.BROWN,V.BAIRD	SOMARC III
	TRIP REPORT--JORDAN, AUGUST 15-21, 1994	S.GREGORY,J.BROWN	SOMARC III
	TRIP REPORT--JORDAN, OCTOBER 9-21, 1994	B.RAVENHOLT	SOMARC III
	TRIP REPORT--JORDAN, NOVEMBER 6-22, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--JORDAN BIRTH SPACING PROJECT SOMARC III ANNUAL SOMARC III TECHNICAL REPORT, JANUARY-DECEMBER 1994		SOMARC
	TRIP REPORT--JORDAN, DECEMBER 8-21, 1994	V.BAIRD,S.GREGORY	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--JORDAN, JANUARY 13-19, 1995	M.HAIDER	SOMARC III
	TRIP REPORT--JORDAN, MARCH 26-APRIL 13, 1995	B.RAVENHOLT	SOMARC III
	TRIP REPORT--JORDAN, JULY 17-AUGUST 3, 1995	B.RAVENHOLT,D.BENNETT	SOMARC III
	TRIP REPORT--JORDAN, AUGUST 25-SEPTEMBER 8, 1995	B.RAVENHOLT	SOMARC III
	TRIP REPORT--JORDAN, NOVEMBER 6-17, 1995	B.RAVENHOLT, D.BENNETT	SOMARC III
	TRIP REPORT--AMMAN, JORDAN, MARCH 12-22, 1996	B.RAVENHOLT	SOMARC III
	Technical assistance to advance implementationof the Jordan Birth Spacing Project (Appendices: SOW and workplans for public relations and training)		
	TRIP REPORT--AMMAN, JORDAN, JULY 27-AUGUST 2, 1996	V.BAIRD	SOMARC III
	Technical assistance on all of the ongoing project activities for the Jordan Birth Spacing Program.		
	TRIP REPORT--JORDAN AND TURKEY, JULY 29-AUGUST 21, 1996	K.FOREIT	SOMARC III
	Continue preparation for implementation of SOMARC Special Study of private sector provider networks and to integrate the Special Study with country-level monitoring and evaluation plans.		
	TRIP REPORT--AMMAN, JORDAN, SEPTEMBER 3-12, 1996	B.B.RAVENHOLT	SOMARC III
	Technical assistance to implement the launch of the television advertising campaign, to continue physician and pharmacist training activities, and to initiate distribution and promotional activities that will support the mass media campaign launch. Refresher media training was conducted for selected JBSP spokespersons.		
	TRIP REPORT--JORDAN, FEBRUARY 11-15, 1997	S.MAHER	SOMARC III
	Review communications campaign for Jordan SOMARC project (shot in Egypt), review omnibus survey results, review management situation.		

Response to USAID/Amman's request to investigate allegations concerning misuse of SOMARC project funds and facilities. No impropriety was discovered. No further investigation is deemed necessary.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--EXPANDING THE CONTRIBUTION OF THE PRIVATE SECTOR SOMARC III TO FAMILY PLANNING SERVICES DELIVERY IN JORDAN: ASSESSMENT AND MID-TERM STRATEGIES		SOMARC III
	Concludes with assessment team's recommended strategies for increasing the overall market for contraceptives and contraceptive service in Jordan and for maintaining the private sector's essential contribution to the delivery of these products and services. Jordan's goal is to increase prevalence of modern contraceptive users from 38% to 42% of MWRA by the end of the year 2000. Achieving the goal will require private sector expansion of family planning service delivery.		
KAZAKSTAN			
	TRIP REPORT--ALMATY, KAZAKSTAN, FEBRUARY 10-MARCH 2, 1998 SOMARC III		J.MCGINNIS
	Training and technical assistance on development of a comprehensive Quality Customer Service plan, the Red Apple Communications Plan, training materials for Hotline practitioners,detailers, etc.		
KAZAKSTAN/UZBEKISTAN			
	TRIP REPORT--KAZAKSTAN REGIONAL OFFICE/UZBEKISTAN FIELD OFFICE, SOMARC III JUNE 8-20, 1996		J.WALL
	Conduct the training workshop on financial reporting requirements for the Kazakstan Regional Office Manager and Uzbekistan Country Manager.		
KENYA			
	TRIP REPORT--KENYA, JANUARY 31-FEBRUARY 4, 1994	V.BAIRD	SOMARC III
	TRIP REPORT--KENYA, MARCH 18-31, 1997	J.BWALYA	SOMARC III
	SUPERVISION OF THE CLOSING OF THE EAST AND SOUTHERN AFRICA REGIONAL OFFICE IN NAIROBI.		
LESOTHO			
	TRIP REPORT--LESOTHO, JANUARY 11-14, 1994	C.NAUDE	SOMARC III
MADAGASCAR			
	TRIP REPORT--MADAGASCAR ASSESSMENT, NOVEMBER 13-17, 1994 R.RAMLOW,R.CHANDLER	SOMARC III	

TRIP REPORT--MADAGASCAR, AUGUST 21-31, 1995

J.BROWN,R.CHANDLER,J.M.URR  
UTIA

SOMARC III

TRIP REPORT--MADAGASCAR, SEPTEMBER 24-OCTOBER 6, 1995 R.CHANDLER, O.CHABBERT SOMARC III

Select condom distributor, advertising agency, interview for resident advisor position.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MADAGASCAR, SEPTEMBER 25-OCTOBER 6, 1995	O.CHABBERT	SOMARC III
	TRIP REPORT--MADAGASCAR, DECEMBER 10-21, 1995	R.CHANDLER	SOMARC III
	Follow-up on project activities (interviews for resident advisor, plans for advertising & packaging, meet with USAID & APPROPOP).		
	TRIP REPORT--MADAGASCAR, JANUARY 21-28, 1996	R.CHANDLER	SOMARC III
	Follow-up on project activities (recruitment for resident advisor, review advertising & packaging, meet with USAID & APPROPOP).		
	TRIP REPORT--MADAGASCAR, FEBRUARY 12-23, 1996	J.BROWN	SOMARC III
	Supervise focus groups (injectable research), discuss condom research (Appendices: Focus Group Guide, Questionnaires)		
	TRIP REPORT--MADAGASCAR, FEBRUARY 19-29, 1996	G.BACHMAN	SOMARC III
	Assess status of injectable distribution and use, conduct focus groups (consumers and distributors)		
	TRIP REPORT--MADAGASCAR, APRIL 14-30, 1996	R.CHANDLER	SOMARC III
	Recruit sales personnel, meet with promotional agencies		
	TRIP REPORT--MADAGASCAR, JUNE 13-27, 1996	R.CHANDLER	SOMARC III
	Introduce the newly recruited staff and present the overall strategy for the next three months to key partners in Madagascar.		
	TRIP REPORT--MADAGASCAR, JUNE 25-JULY 5, 1996	O.CHABBERT	SOMARC III
	Technical assistance to implementing agent, Mr. Yves de Comarmont, Netter Agency Director and to the new Marketing and Sales Managers to set up a Protector Distribution/Promotion environment (structures and teams), including tracking and supervision systems.		
	TRIP REPORT--MADAGASCAR, SEPTEMBER 15-26, 1996	R.CHANDLER	SOMARC III
	Administrative assistance to SOMARC staff and meetings with a variety of representatives from other organizations (UNAIDS, APPROPOP, research firms, USAID).		
	TRIP REPORT--MADAGASCAR, NOVEMBER 18-29, 1996	O.CHABBERT	SOMARC III

Evaluate systems in place and finalize the Protector distribution/promotion environment in terms of structures and teams.

TRIP REPORT--MADAGASCAR, NOVEMBER 28-DECEMBER 15, 1996 R.CHANDLER

SOMARC III

Final preparations for the launch ceremony of Protector condoms on World AIDS Day, participate in the launch, conduct focus group discussions on radio spots and names for the oral and injectable products.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MADAGASCAR, FEBRUARY 27-MARCH 9, 1997 Discuss with USAID funding levels, accomodating the new HIV/AIDS strategy, monitor condom distribution progress and seek ways to increase distribution, work on the design of the pill and injectable program.	R.CHANDLER, O.CHABBERT, J. M.URRUTIA	SOMARC III
	TRIP REPORT--MADAGASCAR, JUNE 9-16, 1997 Select distributor for pills and injectables , negotiate contract with distributors (including condom distributor), meet with AIDS coordinator at USAID and discuss condom promotional activities and AIDS prevention activities.	R.CHANDLER, O.CHABBERT	SOMARC III
	TRIP REPORT--MADAGASCAR, SEPTEMBER 18-26, 1997 Meet with distribution agency (NETTER) and RESEAU PLUS (purchase of a MIS system to track sales in Madagascar and 4 other countries). Other objectives included: media training for opinion leaders, finalization of the PR plan, meetings with USAID.	H.BEL-HADJ, J.M.URRUTIA	SOMARC III
	TRIP REPORT--MADAGASCAR, DECEMBER 7-17, 1997 Assessment of the current distribution and promotion scheme for PROTECTOR, PILPLAN and CONFIANCE. Only PILPLAN was launched in December (CONFIANCE will be available in Jan. 1998 due to a labeling error).	O.CHABBERT	SOMARC III
	TRIP REPORT--MADAGASCAR, MARCH 22-APRIL 3, 1998 In order to design an appropriate and practical system for deploying a 6-person team of coastal area sales reps, technical assistance on distribution and promotion was provided. An MIS system was designed.	O.CHABBERT	SOMARC III
	TRIP REPORT--MADAGASCAR. APRIL 24-MAY 1, 1998 Work with local staff to improve the administrative system, brief USAID/Antananarivo on project activities and budget, selection of an ad agency, develop action plans and research on codoms and hormonal.	P.SEDLAK	SOMARC III
<b>MALAWI</b>			
	TRIP REPORT--MALAWI, APRIL 20-MAY 6, 1993	R.CHANDLER	SOMARC III
	TRIP REPORT--MALAWI, MAY 24-29, 1993	V.BAIRD	SOMARC III
	TRIP REPORT--MALAWI, JULY 18-AUGUST 4, 1993	R.CHANDLER	SOMARC III

## MALI

TRIP REPORT--MALI, AUGUST 24-SEPTEMBER 4, 1993

D.MCGUIRE,O.CHABBERT

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MALI, JANUARY 6-22, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, JANUARY 18-26, 1994	D.MCGUIRE	SOMARC III
	TRIP REPORT--MALI, FEBRUARY 22-MARCH 6, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, FEBRUARY 22-MARCH 2, 1994	J.BROWN	SOMARC III
	TRIP REPORT--MALI, MARCH 1-6, 1994	D.MCGUIRE	SOMARC III
	TRIP REPORT--MALI, MARCH 29-APRIL 9, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, APRIL 28-MAY 12, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, JUNE 20-JULY 1, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, AUGUST 2-9, 1994	D.MCGUIRE,O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, SEPTEMBER 11-22, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, OCTOBER 3-7, 1994	J.BROWN	SOMARC III

TRIP REPORT--MALI, NOVEMBER 1-6, 1994

D.MCGUIRE,O.CHABBERT

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MALI, DECEMBER 6-16, 1994	J.BROWN	SOMARC III
	TRIP REPORT--MALI, JANUARY 31-FEBRUARY 9, 1995	O.CHABBERT	SOMARC III
	TRIP REPORT--MALI, JANUARY 31-FEBRUARY 3, 1995	S.PLATA,D.MCGUIRE	SOMARC III
	TRIP REPORT--MALI, APRIL 19-21 & MAY 22-31, 1995	J.BROWN	SOMARC III
	Research plan: "Barriers to use of condoms in rural areas"		
	TRIP REPORT--MALI, MAY 16-29, 1995	O.CHABBERT	SOMARC III
	Distribution issues		
	TRIP REPORT--MALI, SEPTEMBER 19-27, 1995	D.MCGUIRE	SOMARC III
	TRIP REPORT--MALI, DECEMBER 2-18, 1995	L.COGSWELL	SOMARC III
	Technical assistance on training of trainers "DMPA and Quality Customer Service" for MCHPSP.		
	TRIP REPORT--MALI, MAY 21-29, 1996	O.CHABBERT	SOMARC III
	To assess progress on all aspects of contraceptive distribution and promotion.		
	TRIP REPORT--MALI, JULY 11-17, 1996	J.BROWN	SOMARC III
	Supervise the training and pretesting of the Mali injectable/pill baseline project (including questionnaire revisions).		
	TRIP REPORT--MALI, AUGUST 20-29, 1996	O.CHABBERT	SOMARC III
	Project management and review of progress made on distribution and promotion. One objective was to organize and implement an up-country round planning and cooperation with PPM.		

TRIP REPORT--MALI, JULY 1-12, 1997

O.CHABBERT

SOMARC III

Assess the progress made on distribution and promotion.

TRIP REPORT--MALI, OCTOBER 24-31, 1997

P.SEDLAK, O.CHABBERT

SOMARC III

Workshop training for the distribution supervisors from Senegal, Madagascar, Uganda, Ghana, and Mali.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MALI, FEBRUARY 14-21, 1998	P.SEDLAK	SOMARC III
	To supervise project staff in absence of Chief of Party and to assess current staff performance.		
<b>MAURITANIA</b>			
	TRIP REPORT--MAURITANIA, NOVEMBER 7-11, 1994	D.MCGUIRE	SOMARC III
<b>MEXICO</b>			
	TRIP REPORT--MEXICO, JUNE 6-10, 1994	G.BACHMAN	SOMARC III
	TRIP REPORT--MEXICO & COLOMBIA, MAY 16-24, 1995	R.SUSATYO	SOMARC III
	Observation study tour: Voluntary sterilization		
	TRIP REPORT--MEXICO, OCTOBER 4-8, 1996	V.BAIRD, P.ALLMAN	SOMARC III
	Review all Mexico CSM activities and provide technical support in finalizing the training program for SOMARC CSM oral contraceptive pilot project with CONAPO.		
	TRIP REPORT--MEXICO, OCTOBER 14-18, 1996	C.CISEK	SOMARC III
	To review plans for the services marketing training held for FEMAP affiliates		
	TRIP REPORT--MEXICO, NOVEMBER 11-15, 1996	C.CISEK	SOMARC III
	FEMAP services marketing workshop conducted in Vera Cruz with 26 representatives from FEMAP affiliates.		
	TRIP REPORT--MEXICO, FEBRUARY 22-27, 1997	D.LEVY, P.ALLMAN	SOMARC III
	A meeting of the SOMARC Latin American and Caribbean project staff was convened in Mexico to review the mission and accomplishments of the project in the region and to establish a strategic course for the remainder of SOMARC III.		
	TRIP REPORT--MEXICO, MAY 7-23, 1997	S.IMMERGUT	SOMARC III
	Review the status of the oral contraceptive social marketing pilot project.		
<b>MOLDOVA</b>			

To conduct training workshops.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MOLDOVA, JULY 7-11, 1998	A.GRADISHAR	SOMARC III
	To assess the progress of previous SOMARC pharmacist training and to provide additional training and reinforcement in the area of marketing plan development and implementation.		
<b>MOROCCO</b>			
	TRIP REPORT--MOROCCO, OCTOBER 10-14, 1994	G.BACHMAN,B.JONES	SOMARC III
	TRIP REPORT--MOROCCO, MARCH 4-11, 1996	D.BENNET	SOMARC III
	Public relations technical assistance		
	TRIP REPORT--MOROCCO, APRIL 16-MAY 3, 1996	L.COGSWELL	SOMARC III
	Technical assistance on training of trainers "DMPA and Quality Customer Service" for PMMS.		
	TRIP REPORT--MOROCCO, APRIL 23-25, 1996	B.HENSLEY	SOMARC III
	Meet with SOMARC North/West Africa Office staff to review and clarify consulting agreement procedures and solicit suggestions of solutions to problems with administrative procedures and policies.		
	TRIP REPORT--MOROCCO, OCTOBER 13-18, 1996	R.BERG	SOMARC III
	To review the status of all research projects in the NW Africa region. Report includes the market research project workplan for Africa region (Oct96-Sep97) and the key elements of Africa program for evaluation as appendices.		
	TRIP REPORT--MOROCCO, OCTOBER 21-25, 1996	G.BACHMAN	SOMARC III
	Final activity planning for the launch of DMPA and assist in development of an IUD introduction strategy.		
	TRIP REPORT--MOROCCO, JANUARY 3-14, 1997	R.THOMPSON, M.CLESCA	SOMARC III
	Conduct a week long Public Relations/Advocacy Africa Regional Workshop, designed for country managers, regional managers and PR/IEC professionals in French-speaking Africa. [The 15 volumes presenting the content of this workshop are also available--listed under COUNTRY: MOROCCO 1 - MOROCCO 15. Shelved separately after trip reports.]		
	TRIP REPORT--MOROCCO, JANUARY 8-12, 1997	K.ALIQUA	SOMARC III
	Conduct a training-of-trainers session at the Africa Regional Workshop on Public Relations/Advocacy.		

Work with regional staff on activities related to the Jordan Birth Spacing Project: research objectives for 1998 and 1998 assessment of private sector reproductive health sector in Jordan. the Jordan project is managed under the supervision of the Morocco regional office.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--MOROCCO, JANUARY 18-30, 1998	J.BWALYA	SOMARC III
	Review administrative procedures for the SOMARC Africa/Middle East Regional Office.		
<b>NEPAL</b>			
	TRIP REPORT--NEPAL, JANUARY 24-FEBRUARY 10, 1993	S.HOWARD,R.LEAVELL	SOMARC III
	TRIP REPORT--NEPAL, FEBRUARY 28-MARCH 13, 1993	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, APRIL 11-30, 1993	A.SCHNEIDER	SOMARC III
	TRIP REPORT--REVIEW OF THE ORGANIZATION, LEGAL STRUCTURE AND SOMARC III PERSONNEL POLICIES OF THE NEPAL CRS COMPANY, APRIL 12-30, 1993		P.SHIPP
	TRIP REPORT--NEPAL, APRIL 21-29, 1993	R.LEAVELL	SOMARC III
	TRIP REPORT--NEPAL, MAY 31-JUNE 11, 1993	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, AUGUST 31-SEPTEMBER 15, 1993	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, SEPTEMBER 5-12, 1993	D.MOJICA	SOMARC III
	TRIP REPORT--NEPAL, SEPTEMBER 13-29, 1993	M.HAIDER,E.OTTALONGHI	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--NEPAL, DECEMBER 5-18, 1993	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, DECEMBER 6-18, 1993	S.TIPPING	SOMARC III
	TRIP REPORT--NEPAL, FEBRUARY 21-APRIL 3, 1994	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, MARCH 12-19, 1994	D.MOJICA	SOMARC III
	TRIP REPORT--NEPAL, MARCH 15-25, 1994	M.HAIDER	SOMARC III
	TRIP REPORT--NEPAL, MARCH 16-23, 1994	R.LEAVELL	SOMARC III
	TRIP REPORT--NEPAL, APRIL 18-27, 1994	S.TIPPING	SOMARC III
	TRIP REPORT--NEPAL, MAY 18-25, 1994	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, JULY 4-31, 1994	S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, SEPTEMBER 21-OCTOBER 7, 1994	S.HOWARD,R.LEAVELL	SOMARC III
	TRIP REPORT--NEPAL, SEPTEMBER 26-OCTOBER 3, 1994	A.SCHNEIDER	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--NEPAL, NOVEMBER 27-DECEMBER 9, 1994	A.SCHNEIDER	SOMARC III
	TRIP REPORT--NEPAL, FEBRUARY 20-MARCH 8, 1995	L.HILL,J.M.URRUTIA,A.SCHNEIDER,S.CROLL,S.HOWARD	SOMARC III
	TRIP REPORT--NEPAL, JUNE 15-JULY 7, 1995 & JULY 24-30, 1995	A.SCHNEIDER	SOMARC III
	TRIP REPORT--NEPAL, NOVEMBER 6-DECEMBER 1, 1995	A.SCHNEIDER, L.HILL	SOMARC III
	Review technical assistance and implementation (Appendices: Mystery client study--SOW, SANGINI pretest--SOW, SANGINI promotional materials, Private Practitioner Network--Concept Paper, AIDSCAP workplan, AIDSCAP radio spots)		
	TRIP REPORT--NEPAL, JANUARY 29-FEBRUARY 16, 1996	L.HILL	SOMARC III
	Business process reengineering		
	TRIP REPORT--NEPAL, MAY 13-31, 1996	A.SCHNEIDER, J.M.URRUTIA	SOMARC III
	Analysis of the situation of social marketing in Nepal--recommend new approaches based on meetings with USAID officials, CRS staff and directors, and several private commercial distributors.		
	TRIP REPORT--NEPAL, JUNE 22-30 & JULY 11-19, 1996	A.SCHNEIDER	SOMARC III
	To develop a comprehensive research plan for the Private Practitioner Program, a draft marketing plan and timeline of implementation activities, review the status of Sangini promotional activities, and to attend a workshop with AIDSCAP partners.		
	TRIP REPORT--NEPAL, JUNE 29-AUGUST 9, 1996	R.RAMLOW	SOMARC III
	Assistance to Nepal CRS Company during a transitional period. Recommendations for improving social marketing sales and distribution in order to create a sustainable commercial market for social marketing products in Nepal.		
	TRIP REPORT--NEPAL, JULY 10-19, 1996	O.CHABBERT	SOMARC III
	Work with Nepal CRS Company to review all aspects of CRS's contraceptive distribution and promotion, and to investigate the use of commercial distribution firms for distribution of USAID commodities.		
	TRIP REPORT--NEPAL, JULY 29-AUGUST 4, 1996	C.CISEK, A.SCHNEIDER	SOMARC III

Meetings with AVSC International and NFCC to discuss the time requirements and multiple next steps for launching the private provider network.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--NEPAL, SEPTEMBER 8-21 AND OCTOBER 4-9, 1996	A.SCHNEIDER	SOMARC III
	Assistance to NEPAL CRS in finalization of its 1996 operating plan for re-submission to USAID by conducting a program management review workshop.		
	TRIP REPORT--NEPAL, JANUARY 27-FEBRUARY 7 AND MARCH 13-APRIL 1, 1997		A.SCHNEIDER
	Technical assistance to NEPAL CRS: re-launch of Nilocon, new Panther packaging, media plans and strategies for the Private Practitioner Network (review of research), long-term strategic plans and strategies for NEPAL CRS.		
	TRIP REPORT--NEPAL, JUNE 2-8, 1997	R.RAMLOW	SOMARC III
	To conduct a market assessment of NEPAL CRS Co. sales and distribution operations and the market situation for CRS products.		
	TRIP REPORT--STUDY TOUR PHILIPPINES, WASHINGTON, DC, DOMINICAN REPUBLIC AND JAMAICA, OCTOBER 29-NOVEMBER 12, 1997		R.RAMLOW
	Study tour for the managing director of the NEPAL CRS CO.		
	TRIP REPORT--NEPAL, FEBRUARY 23-28, 1998	R.RAMLOW	SOMARC III
	Technical assistance to regional distributors/wholesalers, participate in the CRS regional sales meeting for the Western region, conduct store checks to observe and assess distribution coverage, stock and competitive situation and merchandising presence for CRS products. As an appendix, a document outlining a new sales and distribution system is attached.		
<b>NIGER</b>			
	TRIP REPORT--NIGER, SEPTEMBER 28-OCTOBER 6, 1993	D.MCGUIRE	SOMARC III
	TRIP REPORT--NIGER, APRIL 12-14, 1994	J.BROWN	SOMARC III
	TRIP REPORT--NIGER, MAY 29-JUNE 3, 1994	O.CHABBERT	SOMARC III
	TRIP REPORT--NIGER, AUGUST 9-17, 1994	D.MCGUIRE,O.CHABBERT	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--NIGER, JANUARY 15-20, 1995	D.MCGUIRE,V.BAIRD	SOMARC III
	TRIP REPORT--NIGER, FEBRUARY 13-17, 1995	J.BROWN	SOMARC III
	Research plan		
	TRIP REPORT--NIGER, FEBRUARY 26-MARCH 8, 1995	O.CHABBERT	SOMARC III
	TRIP REPORT--NIGER, MARCH 27-APRIL 1, 1995	K.ALIOUA	SOMARC III
	TRIP REPORT--NIGER, MARCH 28-APRIL 5, 1995	D.MCGUIRE	SOMARC III
	TRIP REPORT--NIGER, JULY 22-AUGUST 2, 1995	K.JOHNSON	SOMARC III
	TRIP REPORT--NIGER, AUGUST 8-21, 1995	O.CHABBERT, D.MCGUIRE	SOMARC III
	TRIP REPORT--NIGER, SEPTEMBER 24-27, 1996	O.CHABBERT, J.M.URRUTIA	SOMARC III
	To discuss and determine the conditions for the continuation of CSM activities in Niger under SOMARC.		
	TRIP REPORT--NIGER, FEBRUARY 4-8, 1997	R.CHANDLER	SOMARC III
	Discuss with CARE/Niger the continuation of CSM activities in Niger, the transfer of all SOMARC properties and condoms to USAID and CARE, and the phaseout of SOMARC activities in Niger.		

## PAPUA NEW GUINEA

TRIP REPORT--PAPUA NEW GUINEA, MARCH 18-APRIL 3, 1993	S.HOWARD,T.LEVY	SOMARC III
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COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--PAPUA NEW GUINEA, JANUARY 16-28, 1994	S.HOWARD	SOMARC III
	TRIP REPORT--PAPUA NEW GUINEA, APRIL 23-MAY 10, 1994	S.HOWARD	SOMARC III
	TRIP REPORT--AUSTRALIA/PAPUA NEW GUINEA, AUGUST 23-31, 1994 S.HOWARD,R.LEAVELL	SOMARC III	
<b>PERU</b>			
	TRIP REPORT--PERU, MAY 31-JUNE4, 1993	J.M.URRUTIA,D.MEJIA	SOMARC III
	TRIP REPORT--PERU, OCTOBER 14-22, 1993	D.MEJIA	SOMARC III
	TRIP REPORT--PERU, MAY 9-20, 1994	D.MEJIA	SOMARC III
	TRIP REPORT--PERU, AUGUST 8-13, 1994	D.MEJIA	SOMARC III
	APROPO marketing plans		
	TRIP REPORT--PERU, DECEMBER 5-15, 1994	D.MEJIA	SOMARC III
	TRIP REPORT--PERU, FEBRUARY 26-MARCH 4, 1995	D.FLOREZ	SOMARC III
	TRIP REPORT--PERU, JUNE 18-23, 1995	D.FLOREZ	SOMARC III

Verify the market penetration of PIEL (Trip was suspended after only one day due to illness).

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--PERU, JUNE 24-29, 1996	D.FLOREZ	SOMARC III
	Meetings held with USAID/LIMA, APROPO, MEDIA MARKETING, CCR and MULTIFARMA (GELCAPS).		
	TRIP REPORT--PERU, NOVEMBER 18-23, 1996	D.FLOREZ	SOMARC III
	Technical assistance to the social marketing program that APROPOhas been carrying out within the PFC Program. Review the plan for launch of IUD (APRO T), evaluate 1996 sales of products, review status of the fund for Piel, and conduct first analysis of the candidates for products to include in the APROPO line.		
PHILIPPINES			
	TRIP REPORT--PHILIPPINES, FEBRUARY 1-17, 1993	M.HAIDER	SOMARC III
	TRIP REPORT--PHILIPPINES, MARCH 29-APRIL 2, 1993	R.LEAVELL	SOMARC III
	TRIP REPORT--PHILIPPINES, APRIL 24-30, 1993	R.THOMPSON	SOMARC III
	TRIP REPORT--PHILIPPINES, JUNE 1-4, 1993	R.LEAVELL	SOMARC III
	MARKETING PLAN (1993) FOR SENSATION CONDOMS--A PHILIPPINES SOMARC III SOCIAL MARKETING PROGRAM		G.MIGALLOS
	TRIP REPORT--PHILIPPINES, SEPTEMBER 27-30, 1993	T.BAUGH	SOMARC III
	TRIP REPORT--PHILIPPINES, OCTOBER 3-8, 1993	T.BAUGH	SOMARC III
	TRIP REPORT--PHILIPPINES, OCTOBER 5-7, 1993	R.LEAVELL	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--PHILIPPINES, FEBRUARY 22-MARCH 3, 1994	R.THOMPSON	SOMARC III
	TRIP REPORT--PHILIPPINES, FEBRUARY 25-MARCH 14, 1994	M.HAIDER,V.OBLEPIAS	SOMARC III
	TRIP REPORT--PHILIPPINES, APRIL 4-8, 1994	R.LEAVELL	SOMARC III
	TRIP REPORT--PHILIPPINES, AUGUST 8-12, 1994	R.LEAVELL	SOMARC III
	TRIP REPORT--PHILIPPINES, SEPTEMBER 18-30, 1994	M.RAMAH	SOMARC III
	TRIP REPORT--PHILIPPINES, NOVEMBER 3-18, 1994	M.RAMAH	SOMARC III
	TRIP REPORT--PHILIPPINES, FEBRUARY 28-MARCH 10, 1995	M.RAMAH	SOMARC III
	TRIP REPORT--PHILIPPINES, JUNE 16-30, 1995	M.RAMAH, D.ZUCKER	SOMARC III
	TRIP REPORT--PHILIPPINES, JUNE 24-30, 1995	L.HILL	SOMARC III
	Condom strategies		
	TRIP REPORT--PHILIPPINES, SEPTEMBER 3-21, 1995	L.HILL	SOMARC III
	TRIP REPORT--PHILIPPINES, NOVEMBER 13-22, 1995	L.HILL	SOMARC III

TRIP REPORT--PHILIPPINES, JANUARY 15-20, 1996

L.HILL

SOMARC III

Policy issues, CSM pricing

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--PHILIPPINES, JUNE 1-6, 1996	D.MCGUIRE	SOMARC III
	Technical and administrative assistance in review of advertising storyboards, recruitment of sales manager, meetings with manufacturers on letters of agreement, and finalizing the implementation plan.		
	TRIP REPORT--PHILIPPINES, JULY 20-27, 1996	R.THOMPSON	SOMARC III
	Technical assistance to the Couple's Choice Program and its advertising and public relations consultants. Objectives were to conduct media training, advocacy sessions, and technical assistance on crisis communications. An appendix is the Couple's Choice Media Training Handbook.		
	TRIP REPORT--PHILIPPINES, SEPTEMBER 8-14, 1996	D.MCGUIRE	SOMARC III
	Technical and administrative assistance to SOMARC Resident Advisor.		
	TRIP REPORT--PHILIPPINES, OCTOBER 8-11, 1996	D.MCGUIRE	SOMARC III
	To finalize recruitment of new SOMARC resident advisor and meet with advertising agency.		
	TRIP REPORT--PHILIPPINES, NOVEMBER 3-9, 1996	D.MCGUIRE	SOMARC III
	To provide orientation for the new resident advisor and introductions to all subcontractors and manufacturers.		
	TRIP REPORT--PHILIPPINES, JANUARY 26-FEBRUARY 8, 1997	D.BENNETT, B.B.RAVENHOLT	SOMARC III
	Assess the need for revision in the overall Couple's Choice project marketing strategy and propose any specific changes needed. Review sales data and recommendations for strengthening the mass media component of the communications strategy, detailer emphasis on the 3 major urban markets, and tracking research.		
	TRIP REPORT--PHILIPPINES, MARCH 18-29, 1997	R.RAMLOW	SOMARC III
	Technical assistance for revisions to the strategic marketing plan, finalize details for deployment of the COUPLE'S CHOICE promotional team, review advertising, and advise on contracts for public relations, advertising, and research. Appendix contains the revised strategic marketing plan.		
	TRIP REPORT--PHILIPPINES, APRIL 4-15, 1997	A.SCHNEIDER	SOMARC III
	Discuss implementation of the SOMARC/Philippines project strategy and finalize the 1997/1998 workplan.		
	TRIP REPORT--PHILIPPINES, JUNE 15-21, 1997	D.MCGUIRE	SOMARC III
	Technical and management support to resident advisor on finalizing contracts and agreements, finalize workplan budget, meet with manufacturers, subcontractors and detail team supervisors to review activities.		
	TRIP REPORT--PHILIPPINES, JULY 29-AUGUST 9, 1997	D.BENNETT	SOMARC III

Technical assistance to the resident advisor and new public relations agency. Also design and implement market research to measure the impact of communications interventions.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--PHILIPPINES, AUGUST 4-15, 1997	A.SCHNEIDER	SOMARC III
	Finalization of the 1997/98 workplan and discussion of revised marketing research plan to complement the SOMARC/PHILIPPINES project strategy.		
	TRIP REPORT--PHILIPPINES, SEPTEMBER 4-5, 1997	N.RODRIGUEZ	SOMARC III
	Meetings were held with the distributor's branch manager and DAVAO salesmen. Topics included the distribution objectives and sales performance.		
	TRIP REPORT--PHILIPPINES, MARCH 17-31, 1998	J.BWALYA	SOMARC III
	To review administrative procedures for the SOMARC country office and to assess the training needs of the administrative staff.		
	TRIP REPORT--PHILIPPINES, JUNE 14-26, 1998	R.RAMLOW	SOMARC III
	Technical assistance in preparation of a workshop focussing on lessons learned and to develop options for future contraceptive marketing activity. The Couple's Choice program has not achieved the level of success that similar programs have in other countries, this report documents some of the impeding factors and issues.		
<b>RUSSIA</b>			
	TRIP REPORT--RUSSIA, JANUARY 21-FEBRUARY 2, 1996	E.DENNISON	SOMARC III
	To conduct a training needs assessment of pharmacists.		
	TRIP REPORT--MOSCOW, RUSSIA, MAY 18-25, 1996	B.B.RAVENHOLT, C.BICKERT	SOMARC III
	To continue collaboration between contraceptive manufacturers in Russia and the USAID/Women's Reproductive Health Project, with particular attention to plans for continuing education for pharmacists.		
	TRIP REPORT--RUSSIA, MAY 26-JUNE 7, 1996	E.DENNISON, C.BICKERT	SOMARC III
	To establish relationships with counterparts in sites for continuing education program for pharmacists and to plan for implementation of the training program. Also met with representatives of pharmaceutical manufacturers and faculty at institutes and colleges.		
	TRIP REPORT--RUSSIA, OCTOBER 26-NOVEMBER 26, 1996	C.BICKERT	SOMARC III
	The purpose of the trip was to conduct training of trainers, training for pharmacists in contraceptive technology, the provision of quality customer services, and to solidify arrangements to conduct the additional training.		
	TRIP REPORT--RUSSIA, OCTOBER 1-10, 1997	C.BICKERT, P.FOLEY	SOMARC III

Meetings were held with representatives of the Chemical Pharmaceutical Institute, USAID, and manufacturers of contraceptives.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--RUSSIA, JUNE 16-JULY 2, 1998	L.COGSWELL	SOMARC III
	Work with the Chemical Pharmaceutical Institute on teaching methodologies and curriculum development; prepare an instructional manual.		
	TRIP REPORT--SOMARC TRAINING UNDER THE RUSSIAN WOMEN'S SOMARC III REPRODUCTIVE HEALTH PROJECT (RWRHP) QUARTERLY REPORT		SOMARC III
	Only one quarterly report has been turned in for library (July-Sept 1998).		
<b>RWANDA</b>			
	TRIP REPORT--RWANDA CSM PROJECT EVALUATION AND RE-DESIGN, V.BAIRD,L.RODRIGUEZ SEPTEMBER 5-17, 1993	SOMARC III	
	RAPPORT DE VOYAGE--EVALUATION ET RE-FORMULATION DU PROJET V.BAIRD,L.RODRIGUEZ SOCIAL MARKETING DE CONDOMS, 5-17 SEPTEMBRE 1993	SOMARC III	
	TRIP REPORT--RWANDA, OCTOBER 15-NOVEMBER 16, 1993	L.RODRIGUEZ	SOMARC III
	TRIP REPORT--RWANDA CSM PROJECT CLOSE-OUT, MARCH 14-APRIL 12, SOMARC III 1994		L.RODRIGUEZ
<b>SENEGAL</b>			
	TRIP REPORT--SENEGAL, OCTOBER 20-29, 1993	S.PLATA,D.MCGUIRE	SOMARC III
	TRIP REPORT--SENEGAL, MARCH 6-11, 1994	S.GREGORY	SOMARC III
	TRIP REPORT--SENEGAL, MARCH 9-13, 1994	S.GREGORY,J.BROWN	SOMARC III

TRIP REPORT--SENEGAL, JULY 18-24, 1994

S.GREGORY

SOMARC III

TRIP REPORT--SENEGAL, JULY 21-AUGUST 1, 1994

J.BROWN

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--SENEGAL, OCTOBER 3-7, 1994	S.GREGORY	SOMARC III
	TRIP REPORT--SENEGAL, OCTOBER 17-21, 1994	J.BROWN	SOMARC III
	Implementation of research projects: 1. Package pre-test and 2. instructional insert pre-test.		
	TRIP REPORT--SENEGAL, JANUARY 18-27, 1995	N.RGUIBI	SOMARC III
	TRIP REPORT--SENEGAL, JANUARY 30-FEBRUARY 11, 1995	S.GREGORY	SOMARC III
	TRIP REPORT--SENEGAL, APRIL 10-14, 1995	S.GREGORY	SOMARC III
	Review POP materials		
	TRIP REPORT--SENEGAL, MAY 22-26, 1995	S.GREGORY	SOMARC III
	Public relations practice		
	TRIP REPORT--SENEGAL, JUNE 16-24, 1995	S.GREGORY	SOMARC III
	PSMS Launch (PROGRAMME SENEGALAIS DE MARKETING SOCIAL)		
	TRIP REPORT--SENEGAL, SEPTEMBER 4-11, 1995	S.GREGORY	SOMARC III
	TRIP REPORT--SENEGAL, NOVEMBER 27-DECEMBER 4, 1995	S.GREGORY	SOMARC III
	Follow-up on project activities and meet with subcontractors		
	TRIP REPORT--SENEGAL, MAY 9-20, 1996	S.GREGORY	SOMARC III
	Assistance to the project evaluation team, meetings with USAID and the Project Committee, review status of sales distribution with Valdafrique and Senegalap, and approval of the promotional and advertising plans with Publicom.		

Meetings to plan the major activities needed to keep the PSMS going through fiscal 1997. This includes the expansion of distribution outside pharmacies to service stations/telecentres (through Senegalap) and to selected "hot stops" (through SANFAM), with increased emphasis on STDs/AIDS messages. Also met with USAID and BDA to follow-up on the local tracking study.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--SENEGAL, SEPTEMBER 28-OCTOBER 3, 1996	J.M.URRUTIA	SOMARC III
	Discuss and submit a plan for continuation of the social marketing program in Senegal. Expanded PROTEC condom distribution (through new nonpharmaceutical outlets) and expansion of social marketing to other products (such as oral rehydration salts) are being discussed.		
	TRIP REPORT--SENEGAL, DECEMBER 16-22, 1996	O.CHABBERT	SOMARC III
	Assess the current distribution strategies for Protec condoms in order to design an extension of distribution outside the traditional pharmaceutical network and study the coming competition from Pante and a 'no-logo, no-color' product. A detailed action plan is included as an appendix.		
	TRIP REPORT--SENEGAL, APRIL 7-14, 1997	O.CHABBERT	SOMARC III
	Meetings with the SOMARC resident advisor/project coordinator and USAID. Also meetings with VALDAFRIQUE and SENEGALAP regarding distribution and implementation for Protec.		
	TRIP REPORT--SENEGAL, SEPTEMBER 28-OCTOBER 8, 1997	J.BWALYA	SOMARC III
	Establish the SOMARC country office and work with the program coordinator to establish administrative policies and procedures for the office.		
	TRIP REPORT--SENEGAL, MARCH 2-8, 1998	O.CHABBERT	SOMARC III
	Project management assistance on administrative and logistical operations related to distribution and promotion for Protec condoms, including the hiring of new sales team/promoters. Also discussions took place with USAID on the establishment of the Association Senegalaise de Marketing Social.		
	TRIP REPORT--SENEGAL, APRIL 6-10, 1998	P.SEDLAK	SOMARC III
	Technical assistance to establish a social marketing association in Senegal (ADEMAS) working with Coopers & Lybrand to write statutes for the association (included as an appendix).		
	TRIP REPORT--SENEGAL, APRIL 20-30, 1998	K.AIMARA	SOMARC III
	Training for SOMARC staff in subcontract requirements and procedures and to work on finalization of current subcontracts.		
SOUTH AFRICA			
	TRIP REPORT--SOUTH AFRICA, FEBRUARY 19-25 & MARCH 26-28, 1995		R.RAMLOW
	SOMARC III		
	Social marketing opportunity investigation		



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--SWAZILAND, OCTOBER 27-NOVEMBER 5, 1993	R.CHANDLER,C.NAUDE	SOMARC III
	TRIP REPORT--SWAZILAND, FEBRUARY 13-MARCH 1, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--SWAZILAND, MARCH 20-APRIL 2, 1994	R.CHANDLER	SOMARC III
	TRIP REPORT--SWAZILAND, MAY 22-JUNE 10, 1994 & SOUTH AFRICA, SOMARC III JUNE 10-14, 1994		R.CHANDLER
	TRIP REPORT--SWAZILAND AND SOUTH AFRICA, DECEMBER 7-17, 1994 SOMARC III		R.RAMLOW
	TRIP REPORT--SWAZILAND, FEBRUARY 12-19, 1995	R.RAMLOW	SOMARC III
	TRIP REPORT--SWAZILAND AND SOUTH AFRICA, MARCH 22-28, 1995 SOMARC III		R.RAMLOW
	TRIP REPORT--SWAZILAND, MAY 8-20, 1995	J.SINE	SOMARC III
	Cost-benefit study for FLAS		
	TRIP REPORT--SOUTH AFRICA & SWAZILAND, JULY 23-AUGUST 1, 1995 SOMARC III		R.RAMLOW
	Marketing plans		
	TRIP REPORT--SOUTH AFRICA & SWAZILAND, SEPTEMBER 17-28, 1995 SOMARC III		R.RAMLOW
	FSE presentation, industry sales program		



COUNTRY	TITLE	AUTHOR	PROJECT
TOGO	TRIP REPORT--TOGO, AUGUST 29-SEPTEMBER 3, 1993	P.WEHMANN	SOMARC III
	TRIP REPORT--TOGO, APRIL 13-19, 1994	S.GREGORY	SOMARC III
	TRIP REPORT--TOGO, JULY 25-29, 1994	S.GREGORY	SOMARC III
	TRIP REPORT--TOGO, OCTOBER 24-NOVEMBER 4, 1994	S.GREGORY,R.CHANDLER	SOMARC III
	TRIP REPORT--TOGO, JANUARY 3-14, 1995	R.CHANDLER	SOMARC III
	TRIP REPORT--TOGO, JULY 18-26, 1995	R.CHANDLER	SOMARC III
TURKEY	TRIP REPORT--TURKEY, FEBRUARY 22-MARCH 10, 1993	C.CISEK,J.MOBARAK	SOMARC III
	TRIP REPORT--TURKEY, AUGUST 23-SEPTEMBER 3, 1993	C.CISEK	SOMARC III
	TRIP REPORT--SOMARC LONG-TERM METHODS ASSESSMENT, TURKEY, C.CISEK,G.BACHMAN,V.BAIRD JANUARY 31-FEBRUARY 11, 1994	SOMARC III	
	TRIP REPORT--TURKEY, MAY 25-JUNE 8, 1994	C.CISEK,D.GIBSON	SOMARC III

TRIP REPORT--TURKEY, NOVEMBER 7-22, 1994

C,CISEK

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--TURKEY, NOVEMBER 14-23, 1994	A.SCHNEIDER,E.BEAR	SOMARC III
	TRIP REPORT--TURKEY, FEBRUARY 13-28, 1995	D.FAULKNER,M.HAIDER	SOMARC III
	TRIP REPORT--TURKEY, MARCH 6-16, 1995	C.CISEK	SOMARC III
	TRIP REPORT--TURKEY, JULY 31-AUGUST 4, 1995	V.BAIRD	SOMARC III
	To ensure understanding among all CAs and subcontractors on the private sector services network project--KAPS. KAPS stands for the Turkish words for Women's Health and Family Planning Services Network.		
	TRIP REPORT--TURKEY, SEPTEMBER 9-21, 1995	D.BENNETT	SOMARC III
	TRIP REPORT--TURKEY, OCTOBER 12-25, 1995	C.CISEK	SOMARC III
	TRIP REPORT--TURKEY, MARCH 4-16, 1996	C.CARIGNAN	SOMARC III
	Technical assistance on the curriculum for the training program workshop on Social Marketing and Communication and a Contraception Technology Update. Site visits to several hospitals, some to encourage participation in the KAPS network.		
	TRIP REPORT--TURKEY, MARCH 4-16, 1996	D.FAULKNER	SOMARC III
	Review the total quality management and services marketing components of the SOMARC Turkey training program.		
	TRIP REPORT--TURKEY, JULY 15-25, 1996	D.BENNETT	SOMARC III
	Meet with personnel from MPR (SOMARC's Turkish public relations agency) and Turkish Foundation (SOMARC's partner in KAPS) to review KAPS' public relations past activities and plan for the future.		
	TRIP REPORT--JORDAN AND TURKEY, JULY 29-AUGUST 21, 1996	K.FOREIT	SOMARC III
	Continue preparation for implementation of SOMARC Special Study of private sector provider networks and to integrate the Special Study with country-level monitoring and evaluation plans.		

Marketing strategy meetings in Northern Cyprus and Turkey for the commercial introduction of DMPA. An MOU outlining the role of SOMARC, AVSC, PHARMACIA/UPJOHN, and ECZACIBASI in the introduction of DMPA was drafted.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--TURKEY, NOVEMBER 20-29, 1996	C.CISEK	SOMARC III
	Follow-up on KAPS Network in Istanbul, including plans for a mapping exercise of all private healthcare facilities in Istanbul to be followed by a direct mailing to potential members. Also visit to Ismir to determine the initial feasibility of expanding KAPS to this region.		
	TRIP REPORT--TURKEY, FEBRUARY 17-28, 1997	G.BACHMAN	SOMARC III
	Technical assistance on injectable (introduction strategy, Mesigyna product, media plan for Depo-Provera and client insert), IUD (distribution plans), and budget for KAPS activities.		
	TRIP REPORT--TURKEY, JULY 21-31, 1997	G.BACHMAN, K.FOREIT	SOMARC III
	Primary objectives were to revise the FY98 budget and workplan, meet with PHARMACIA/UPJOHN, ECZASIBACI, and SCHERING about the injectable launch, present findings of the KAP Client Survey and Omnibus questionnaire, revise the KAPS communications strategy and monitoring tools.		
	TRIP REPORT--TURKEY, APRIL 28-MAY 11, 1998	G.BACHMAN	SOMARC III
	Technical assistance in the development of objectives and activities for the integrated CA workplan (1998-1999) and review of communications activities for the injectables introduction. The proposals for SOMARC work on postpartum contraception and post-abortion contraception are attached as appendices.		
<b>UGANDA</b>			
	TRIP REPORT--UGANDA, MAY 7-16, 1993	T.BAUGH	SOMARC III
	TRIP REPORT--UGANDA, JUNE 13-30, 1993	M.HAIDER	SOMARC III
	TRIP REPORT--UGANDA, AUGUST 11-SEPTEMBER 5, 1993	G.BACHMAN	SOMARC III
	TRIP REPORT--UGANDA, OCTOBER 12-25, 1993	G.BACHMAN	SOMARC III
	TRIP REPORT--UGANDA AND KENYA, OCTOBER 18-26, 1993	J.BROWN	SOMARC III



COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--UGANDA, MAY 1-7, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, JUNE 5-11, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, JULY 3-9, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, AUGUST 7-13, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, SEPTEMBER 11-17, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, OCTOBER 9-15, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, DECEMBER 5-16, 1994	O.CHABBERT	SOMARC III
	Sales distribution/deployment		
	TRIP REPORT--UGANDA, MARCH 19-22, 1995	R.RAMLOW	SOMARC III
	TRIP REPORT--UGANDA, APRIL 5-8, 1995	R.RAMLOW	SOMARC III
	Distributor selection		
	TRIP REPORT--UGANDA, JUNE 28-JULY 13, 1995	G.BACHMAN	SOMARC III
	TRIP REPORT--UGANDA, JULY 4-12, 1995	R.RAMLOW	SOMARC III

TRIP REPORT--UGANDA, AUGUST 7-18, 1995

J.BROWN

SOMARC III

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--UGANDA, JANUARY 29-FEBRUARY 9, 1996	O.CHABBERT	SOMARC III
	Field-based assessment CSM distribution		
	TRIP REPORT--KAMPALA, UGANDA, FEBRUARY 5-9, 1996	R.RAMLOW	SOMARC III
	Eastern and Southern Africa regional meeting to update regional staff concerning overall SOMARC planning and administrative issues; review key activities of the Swaziland, Zimbabwe, and Madagascar programs; formulate a strategic plan for the Uganda program.		
	TRIP REPORT--UGANDA, FEBRUARY 9-16, 1996	R.RAMLOW, K.AGARWAL	SOMARC III
	To conduct a country assessment for introduction of prepackaged therapy for urethritis.		
	TRIP REPORT--UGANDA, JULY 8-26, 1996	L. COGSWELL	SOMARC III
	Technical assistance to the SOMARC Injectaplan project. Scope of work included various aspects of preparation for training of trainers on "DMPA and Quality Service". Appendices include an "Injectaplan Overview" and reproductions of Injectaplan promotional and instructional materials.		
	TRIP REPORT--UGANDA, NOVEMBER 10-22, 1996; GHANA, NOVEMBER 24-DECEMBER 1, 1996		R.RAMLOW
	To facilitate a study tour. THERE IS ALSO AN ENTRY FOR GHANA AND A COPY OF THE REPORT IS FILED THERE TOO.		
	TRIP REPORT--UGANDA, OCTOBER 24-26, 1996	R.RAMLOW	SOMARC III
	Funds will be allocated to support SOMARC core brands (Protector condoms) that are facing a threat from a Marie Stopes CSM Project funded by the German KFW. Sustainability prospects for the Market Day Midwives Project were discussed.		
	TRIP REPORT--UGANDA, JANUARY 7-17, 1997	R.RAMLOW	SOMARC III
	Participate in staff training workshop, discuss with commercial distributors, plan new consumer research to test PROTECTOR radio advertising and condom KAP.		
	TRIP REPORT--UGANDA, FEBRUARY 1-8, 1997	R.RAMLOW, O.CHABBERT	SOMARC III
	Distribution issues were addressed with the two commercial distributors in Uganda. Some remedies were proposed.		
	TRIP REPORT--UGANDA, MARCH 31-APRIL 2, 1997	J.BWALYA	SOMARC III
	Review of day-to-day administrative demands on the SOMARC/UGANDA office staff and recommendations on corrective measures.		

Assess progress made to improve condom sales, as well as to evaluate tracking and supervision systems.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--ANALYSIS OF ORGANIZATIONAL ALTERNATIVES FOR SOMARC III CONTINUING SOCIAL MARKETING IN UGANDA, REPORT TO SOMARC, JUNE 1-9, 1998  This report explores a series of potential strategies for achieving sustainability of social marketing functions and activities, and attempts to lay out in more detail the strategy that seems to have the most merit: creating a local entity specifically for this purpose.		J.HOLLEY
UKRAINE	TRIP REPORT--UKRAINE COUNTRY ASSESSMENT WOMEN'S REPRODUCTIVE SOMARC III HEALTH INITIATIVE CSM: FINAL REPORT, NOV.2-21, 1997  Country assessment (background and situation analysis) and overview of the contraceptive market. Plans for social marketing implementation.		P.FOLEY, S.O'NEIL
	SOMARC UNDER THE WOMEN'S REPRODUCTIVE HEALTH INITIATIVES SOMARC III PROJECT: QUARTERLY REPORTS  There is a generic quarterly report trip report folder (yellow accordian). There is a single copy of each in the SOMARC LIBRARY. There is a master file in trip report masters. There is a CT TRC copy of the compilation. Last copy is #3 (July-Sept 1998).		SOMARC III
	TRIP REPORT--UKRAINE, JANUARY 21-FEBRUARY 13, 1998  Meetings with CSM distribution partners and plans for mini-promotions of the low-dose orals and a condom, Lifestyle. SOMARC has also entered into an agreement with the City of Odessa.	P.FOLEY, S.O'NEIL	SOMARC III
	TRIP REPORT--UKRAINE, MARCH 9-20, 1998  To finalize and implement the first two CSM promotional activities: the Lottery promotion and the Humor Day event. Meetings with the Ministry of Health regarding planned activities and SOMARC goals for Odessa.	S.O'NEIL	SOMARC III
	TRIP REPORT--UKRAINE, MARCH 25-APRIL 10, 1998  To help organize and execute the Humor Day event and monitor the low-dose oral and quality condom Lottery promotion.	P.FOLEY	SOMARC III
	TRIP REPORT--UKRAINE, MAY 7-29, 1998  Finalize the Lottery promotion, negotiate for follow-on Lottery activity, initiate work on the integrated marketing communications strategy and work on the support activities for National Family Planning Week in Kyiv and Odessa. Meetings were also held with local media firms in Odessa and a strategy for determining the appropriate media mix was devised.	S.O'NEIL, P.WEHMANN	SOMARC III
	TRIP REPORT--UKRAINE, JULY 8-AUGUST 5, 1998  To launch the second health lottery in Odessa and to finalize and participate in the first training seminars on	P.FOLEY, S.O'NEIL	SOMARC III

management and customer service.

TRIP REPORT--UKRAINE, AUGUST 2-8, 1998

A.GRADISHAR

SOMARC III

To conduct a two-day workshop for pharmacy managers participating in the SOMARC III project in Odessa.

COUNTRY	TITLE	AUTHOR	PROJECT
	TRIP REPORT--UKRAINE, SEPTEMBER 7-11, 1998	O'NEIL, S.	SOMARC III
	Close-out activities associated with the second health lottery in Odessa, meet with USAID/Kyiv to discuss future activities and meet with local partners.		
ZIMBABWE			
	TRIP REPORT--ZIMBABWE, JANUARY 16-22, 1993	R.CHANDLER	SOMARC III
	TRIP REPORT--ZIMBABWE, MAY 18-21, 1993	V.BAIRD	SOMARC III
	TRIP REPORT--ZIMBABWE, APRIL 11-15, 1994	V.BAIRD	SOMARC III
	TRIP REPORT--ZIMBABWE AND TANZANIA, AUGUST 17-23, 1994	R.RAMLOW	SOMARC III
	TRIP REPORT--ZIMBABWE, FEBRUARY 25-MARCH 1, 1995	R.RAMLOW	SOMARC III
	TRIP REPORT--ZIMBABWE, AUGUST 1-4, 1995	R.RAMLOW	SOMARC III
	SOMARC creative financing		
	TRIP REPORT--ZIMBABWE, APRIL 27-MAY 1, 1996	R.RAMLOW	SOMARC III
	Progress of creative financing scheme to expand Protector condom distribution, expand CSM		

PRETEST RESULTS FOR CONSUMER BROCHURES AND OC INSTRUCTIONAL 1995 INSERT--VOLUME II: FREQUENCY REPORTS OF RESULTS	SOMARC III CENTER	EXPERT SOCIOLOGICAL	June
REPORT ON THE SECOND STAGE IN RESEARCHING ADVERTISING MATERIAL March 1995 FOR SOMARC III PROJECT	SOMARC III CENTER	EXPERT SOCIOLOGICAL	
FINAL REPORT ON THE FIRST STAGE RESEARCH OF ADVERTISING November 1994 MATERIALS FOR THE SOMARC III PROJECT	SOMARC III CENTER	EXPERT SOCIOLOGICAL	
Summary of the Options Uzbekistan Pharmacist Study	S.Tipping	March 1994	SOMARC III
Summary of the Uzbekistan Physician Study	S.Tipping	March 1994	SOMARC III
UZBEKISTAN: FERTILITY INDICATORS & CHARACTERISTICS OF THE January 1993 POTENTIAL MARKET FOR CONTRACEPTION	SOMARC III	L.DARSKY,N.B.DWORAK	

**SOMARC III  
EQUIPMENT INVENTORY LIST**

<b>COMPUTERS</b>	
<b>Brand Name</b>	<b>Serial Number</b>
Gateway 2000 4DX2-66V	2685822
Toshiba Satellite Pro 410CS	06633592-3
IBM Thinkpad 380ED	78-LAK2602198
IBM Thinkpad 380D	78-F5828 97/06
ICS Presto -Pentium®	
Micron Millenia Pro2	856059-0001
ICS Presto -Pentium®	
ICS Presto -Pentium®	
IBM Thinkpad 380D	78-64473 97/07
ICS Presto -Pentium®	
ICS Presto -Pentium®	
Gateway2000 4DX2-66P	2081116
Dell	B2G2H
Compaq Proliant1600 266	D805BQW10215
Toshiba Satellite Pro 400CS	2643059
Gateway 2000 P4D-66	2643059
Gateway 2000 P5-150	5321241
Gateway2000 P4D-66	2643060
IBM Thinkpad 380D	78-G308997/07
ICS Presto -Pentium®	

## APPENDIX E

MONITORS		
Brand Name		Serial Number
Gateway2000 Crystalscan		TB9D69771
Magnvox S.VGA		26505987
NEC Multisync3V		3Z02074HB
Graphics		H9337B00748
Gateway 2000 Vivitron21		603023476
CTX		A90-33500913
Magnvox S.VGA		23627763
CTX		A40-30100559
CTX		AE-0029351
Graphics		H93A7B01478
Gateway 2000 Crystalscan		MH1515016681
Dell Trinitron		8363783
Gatway2000 Vivitron15		80196682
Gateway2000 Vivitron1572		8019695
Gateway2000 Vivitron1572		8019695
Micron		64400CR20233293C
Micron		70500CP202
CTX		1A2-82216485-J22
PACOM S.VGA		C194B04960
Graphics		H9397B01161

PRINTERS		
Brand Name		Serial Number
HP Laser Jet s.II	HP 334440A	2914A27021
HP Laser Jet s.IV	HP C2003A	USBB931128
HP Laser Jet 4	HP083198	DAA0439250